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A Monthly Journal for Hospital Executives



Toronto, Can.

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December, 1932

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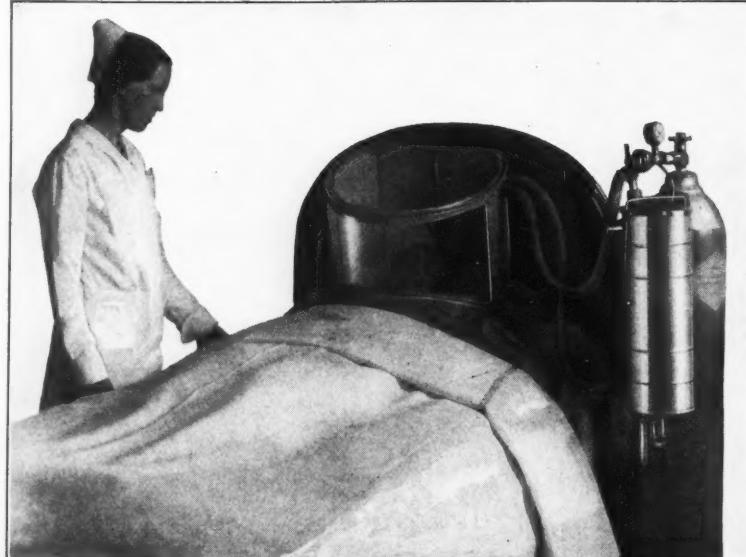
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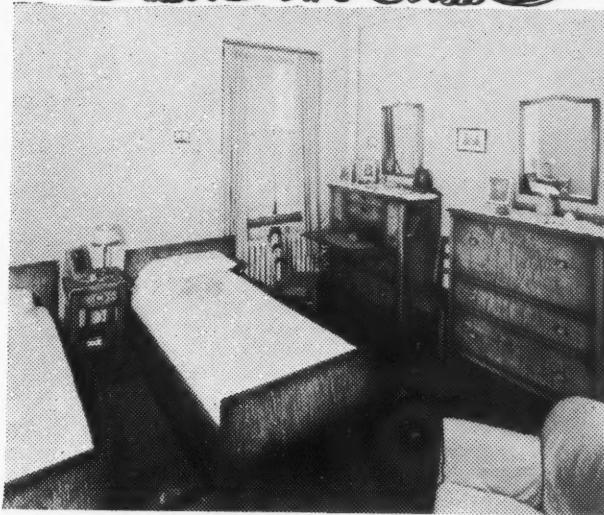
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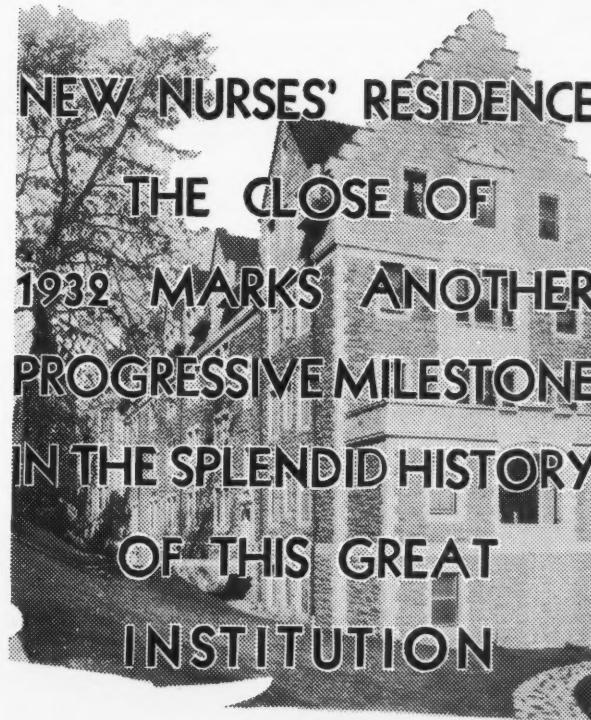
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Royal Victoria Hospital



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Training Nurses for Hospital Management

IT would seem that a university curriculum which is built around an interest in food administration and housing—a course in institution management—might logically dovetail with nursing education to prepare nurses for administrative positions in hospitals, nursing homes and other types of institutions. There is certainly no reason why women with nursing experience, or training, should not be offered an opportunity to broaden their field to enable them to assume the management of hospitals, and especially those of smaller bed capacities.

Such a course is offered to nurses by Cornell University in affiliation with the New York Hospital School of Nursing, and its plans are explained by Katharine Harris, B.S., in the November issue of the Trained Nurse and Hospital Review.

This course in institution management is built upon a foundation of general home economics education with special emphasis upon the application of principles to food administration and housing.

An orientation course uses the cafeteria as a laboratory where students have first hand contacts with serving the public—an important phase of successful food administra-

tion. The cafeteria is run on as nearly a commercial basis as possible, except that it is not a profit making enterprise. A new building to house this college is now being constructed.

A second course deals more thoroughly with the selection, purchase and care of food for institutions. Supplies purchased for the cafeteria are used as demonstration materials and trips to wholesale markets give the student familiarity with market organization, as well as the actual varieties of products in the markets. Meat cutting and grading of fruit and vegetable crops, are also studied.

This dovetails with laboratories in quantity cookery where the students actually prepare the noon meal for the cafeteria. In addition to developing skill and technique in actual preparation this course enables the student to link methods and underlying principles as they apply to quantity production, to set up standards and learn how to maintain them, to determine recipe costs and quantities to prepare, to work harmoniously with employees, and to see at first hand some of the problems of personnel management.

Finally the department offers a course in organization and administration which attempts to survey the major problems of labor management, to study plans of organizations and financial policies. The physical plant and its upkeep, planning layouts and selecting equipment are included. Other departments have co-operated in giving integrated courses which round out the background of the institution manager. Accounting, selection and care of textiles for the institution, business law, statistics, personnel management, psychology and economics—all of these and many more may be chosen to strengthen each individual depending on her own needs and interests.



Valuable Data Presented by the Canadian Hospital Council

THE activities of the Canadian Hospital Council have inspired us to refer to the valuable work which is now being accomplished by the different committees appointed by that Council. The exhaustiveness of the reports which have come before our notice, and which will be sponsored and in due course issued by the Canadian Hospital Council, prove conclusively that a forward step is being taken, from the Canadian viewpoint, in the compilation of data covering hospital economics, administration, construction and equipment generally.

We have pleasure in announcing that, commencing with this issue, installments of the report of the Sub-committee

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on Construction and Equipment of the Canadian Hospital Council will appear, as released.

The Canadian Hospital Journal endeavors to give to its readers constructive information relating to their individual problems which from time to time may develop, and as these reports have been prepared by leaders in their particular fields, we earnestly commend them for careful perusal.



Many Hospitals in Satisfactory Financial Position

If one were to believe all the reports in circulation regarding hospital finances, the conclusion would be arrived at that all hospitals, sanatoriums and other institutions are suffering substantial losses on the year's operations and that they have not been able to meet these deficits. This is not so.

We have before us reports of quite a lengthy list of annual meetings of hospitals, which reached us during the course of one week in November. Their finances, at the end of their year's operations, are, in brief, as follows: Colchester County Hospital, Truro, Nova Scotia, surplus of \$328.20; Smiths Falls Public Hospital, Smiths Falls, Ontario, surplus of \$2,815.12; Great War Memorial Hospital, Perth, Ontario, surplus of \$801.97; Oshawa Hospital, Oshawa, Ontario, met all obligations; Peel Memorial Hospital, Brampton, Ontario, small deficit; Niagara Peninsula Sanatorium, St. Catharines, Ontario, small surplus; Bowmanville Hospital, Bowmanville, Ontario, deficit of \$837.92; Alexandra Hospital Trust, Ingersoll, Ontario, one of the best years in two decades; Home for Incurables, Toronto, Ontario, surplus of \$944.00.

It is to be noted that the above statements cover operating expenses against revenue of all sources, and including provincial and municipal grants.

While it is freely admitted that a number of hospitals, especially those with a large proportion of "public" patients, are faced with unprecedented difficulties in financing, yet the other side of the picture shows that a great many institutions are able to manage very well despite the prevailing hard times.



Splendid Work Accomplished by Hospital Aids

The extent of the work being carried on by the Hospital Aids of the Province of Ontario, particularly as it applies to financial contributions, and equipment, supplies and service provided, is very convincingly shown in the Hospital Aid news columns of this issue of The Canadian Hospital Journal.

The variety of supplies and equipment donated, for instance, is amazing in its scope and quantities, indicating the unbounded enthusiasm and energies of the ladies who make up the personnel of this splendid organization.

"We do not want to run hospitals, we want to make it easier for hospital boards and superintendents to do so," is the creed of the Association, and their generous assistance is sincerely appreciated by hospital executives throughout the province.



Topics Discussed at the B. C. Hospitals Association Convention

THE programme of last year's British Columbia Hospitals Association Convention was something of an innovation, as it consisted chiefly of round table discussions, and it was felt that the programme was a decided improvement over the reading of prepared papers with a round table discussion following.

Many of the questions and responses were of interest to hospital workers generally, and we are pleased to publish some of the views and opinions expressed.

Question: Is it proper and good practice for a surgeon to use a graduate nurse as first assistant at operations?

Doctor Lamb (Provincial Hospital Inspector), stated that while he did not consider it was good practice where qualified medical practitioners could be obtained, still it was justifiable in small places where there were only two doctors in the community, one doctor who would be doing the operation and the other administering the anaesthetic. Doctor Haywood (Vancouver), stated that this practice was carried on in many of the largest hospitals on the North American continent, where the nurse was specially qualified in operating-room technique. Miss Fairley (Vancouver), explained that the Nursing Association did not consider it either advisable or wise that nurses should be exploited and used as assistants in the operating rooms, especially in the smaller hospitals, instead of calling in a medical practitioner.

Question: What routine laboratory work should be done?

Doctor Lapp (Tranquille), stated that there was one routine procedure that could be carried out inexpensively in every hospital, and that was the routine sputum examination, and he strongly advised that patients remaining in hospitals more than two or three days should be given this examination. Doctor Haywood advised that three tests should be made, viz:—examination of the patient's urine, blood examination and sputum, as he believed that in even the smallest hospital there should be some person with sufficient technical training to carry out these three tests.

Question: When the X-Ray department is under the control of a lay technician and no physician connected therewith, how can the interpretation of films be met?

Last year a number of the larger hospitals agreed to read any of the X-Ray plates sent to them by the smaller hospitals. As this offer had so very seldom been taken advantage of by the smaller hospitals, it was decided to bring this offer to their attention in the next circular issued by the Executive.

Question: Is a hospital with a good clinical and X-Ray department justified in accepting outside private work?

In replying to this question, Dr. Haywood stated that the only people who felt the hospital was not justified in accepting private work were the doctors who were conducting private X-Ray laboratories. He was of the opinion that the hospital should be permitted to accept private work and that the remuneration for the same should be

applied towards the cost of the maintenance of these departments. Mr. McVety, Dr. Pearse, Mr. Coady and Mr. Withers concurred with Dr. Haywood.

Question: Is it desirable that the superintendent attend meetings of the medical staff?

This question was discussed by a number of the delegates, and it was agreed that in the interests of the institution, it was advisable for the superintendent to attend such meetings, and act as a liaison officer between the Board of Directors and the medical staff.

Question: What should it cost to endow a bed in a hospital?

A number of the hospitals had found great difficulty in connection with the beds that had been endowed in their respective hospitals, owing to the cost of maintaining them from year to year, especially after the endowment funds had been used up. The concensus of opinion was that it would be much better to accept money as a benefaction to the hospital rather than label one specific bed.

Question: Should the hospital supply doctors with rubber gloves and instruments?

There was a considerable difference of opinion regarding this question; some of the delegates felt that the doctors should be charged 50c. per pair for the gloves used by them, which was practically the cost price. Other delegates felt as there was a specified charge made for the use of the operating room, to the patient, that no charge should be made for the gloves used by the doctor, especially in view of the amount of non-pay work which they were doing at the present time. Ordinary instruments were also supplied for the use of the doctors.

Question: Should the hospital charge for the care of babies in the maternity department?

Mr. Hughes-Games (Kelowna), and Mr. Walmsley (New Westminster), said that their hospitals did not make any extra charge for the care of the babies, that cost being absorbed in the charge for the care of the mother. Mr. Haddon (Vancouver), said the Vancouver General Hospital makes a charge of 50c. per day extra for the child. In reply to a question by Mr. Glen (Ladysmith), as to whether or not hospitals made a charge for the case room, Doctor Lamb stated the usual practice was for the hospitals to charge more for maternity cases.

Question: Can a hospital of 40 beds with a daily average of 25 patients make ends meet financially?

Mr. Haddon (Vancouver), drew attention to the Government reports for 1931, showing some hospitals that had effected savings and some of them had a surplus. The hospital at Fernie had a surplus of \$7,500.00. Mr. Neel (Duncan), stated that he thought the answer to this question would depend entirely as to whether the patients could pay their bills. Mr. Hughes-Games (Kelowna), felt that under ordinary conditions with the percentage of collections around 70% to 80%, a hospital of that size should be able to meet its expenses.

The Report of the Sub-Committee of the Canadian Hospital Council

on

"General Problems of Construction and Equipment"

B. EVAN PARRY, F.R.A.I.C., Chairman,
Parry and Smith, Architects, Toronto

FOllowing the current practice of the industrialist who demands results of research before proceeding with a new factory, hospital authorities contemplating new projects should obtain authoritative data covering economic planning and costs based upon specialized research from those qualified by experience to supply it.

While hospitalization cannot be commercialized, yet it is none the less a business; therefore it must be acknowledged that there is a common basis from which all buildings, including hospitals, and other plants must start, if they are to fully justify their ends.

This common basis is the production of the maximum amount of usable space per dollar of construction cost, and can only be developed by attacking the problem with the determination to use to the fullest practical extent the principles of planning now recognized as economically essential in industrial and commercial buildings other than hospitals, to employ the newer construction materials and equipment that research has made available and to apply these in accordance with the proven practice of those conversant with hospital planning economics.

The modern striving to place all clinics and out-patient departments in one central building has developed the comb-like plan to be noted to-day.

The essential advantage of this type of plan is that besides the strict centralization, is the generous elasticity to be obtained by such arrangement.

The hospital can be built in units, and a wing added or removed, without disturbing the building as a whole; which means that every centralized plan has the advantage of making the elastic arrangement or reduction of any given department as may be deemed desirable.

If the demand for economy is sincere, steps should be taken without delay to secure the simplification and standardization of equipment, including lighting and plumbing fixtures, etc. This action alone would effect a saving in cost of considerable magnitude.

One of the most common snares met with by hospital authorities is the dangerous use of terms of measurement based on individual units when deliberating upon a hos-

pital project. For instance, taking the nursing unit:—

The single room with a floor area of 2,400 sq. ft. would appear to be the most economical plan for taking care of thirty patients. However, since the environmental needs of all patients in a numerous ward group are not constantly the same, and the separation of certain patients from the main group is desirable, modern hospital wards are frequently split into a number of separate rooms, each of which should be directly accessible from a common corridor; but the greater the sub-division of the ward, the greater the area of the interior corridor, every part of which must be added to the minimum ward area of 2,400 square feet. Here is a clear cut case in which the increased cost is accompanied by the parallel increase of ward efficiency, justifying the greater outlay.

Therefore conclusion should only be arrived at after having given very careful consideration to the actual space required for beds, together with the additional space required for corridors, service rooms, etc.

The object of this report being such as to cover the field of hospital planning, construction and equipment generally, it has been deemed advisable to deal more fully with the many phases encountered in the intricacies of such phase of human welfare by subscribing separate dissertations for different departments of the twentieth century hospital.

Mechanical Equipment

The mechanical equipment of every new hospital should be the subject of a questionnaire before finally deciding what is to be done. If this procedure were followed, much annoyance, excessive cost and inefficiency would be avoided.

Therefore, a questionnaire covering the many phases involved is herewith subscribed for guidance:—

(1) Will it be profitable for the hospital to produce its own light and power?

(2) Can the boiler equipment originally installed be expanded without costly removal or reconstruction?

(3) What type of boiler is most economical for the required service?



B. EVAN PARRY, F.R.A.I.C.

(4) What provision should be made for breakdown or emergency service?

(5) What fuel is to be used—coal, coke, or oil?

(6) How accessible are reliable sources of fuel supply?

(7) What should be the content of the storage facilities for fuel?

(8) In what location will the smoke stack be least objectionable?

(9) What space will be required for various workshops which the engineer will be expected to supervise?

(10) What is the most suitable type of refrigeration apparatus?

(11) What is the twenty-four hour refrigeration demand (a) for beverage and clinical purposes, (b) for the cooling of boxes and cold storage rooms, (c) for the production of ice?

N.B.—Many large hospitals of multi-storey design are equipped with a central refrigerating system supplemented by scattered independent electric refrigerators. In such cases the central system is not used above a certain height of the building because of the practical difficulties in the circulation of brine above such height.

(12) For each hospital and for each part of the hospital the problem of ventilation should be separately worked out, but an agreement should first be reached on the hygienic principles of air supply and treatment. It is good practice to avoid mechanical ventilation when and where natural ventilation will serve.

(13) Shall the heating system be hot water or steam?

N.B.—In large institutions it is possible to re-claim the heat passing to the sewer in the waste water from the laundry, cooling water from refrigerating machines, etc. This is done by means of a heat re-claimer designed so that the waste water heats pipe coils through which the cold city water passes, and thereby obtain considerable heat. The waste water, of course, does not come into contact with clean cold water. In some cases considerable savings can be made in this manner.

(14) Is the water supply ample, or must it be supplemented?

(15) Is water filtration necessary?

(16) Is treatment of the general water supply desirable on account of peculiar local conditions?

(17) Is a sewage disposal plant required?

(18) What are the legal and what are the practical requirements in the matter of fire stairs, fire escapes, fire apparatus and signal systems?

(19) Is the garbage to be carted away or to be incinerated on the premises?

(20) Is a central incinerator sufficient or the local incinerators desirable for certain departments?

Although the foregoing questionnaire does not cover all the mechanical equipment required, yet nevertheless the primary essentials are included.

For the purpose of this report it is considered advisable to particularize upon the items mentioned, as also upon others which come under the same category.

Sterilizing

Three factors should govern the selection of sterilizing equipment, the first being provision for the pressure sterilization of all the surgical materials, because steriliza-

tion in the presence of pressure steam is known to be the most effective procedure.

The second factor is the installation so that the sterilizers can be serviced properly; and that the departments in which they are used can be kept in an immaculate condition.

The third factor is that of adequate capacity.

All pressure steam sterilizers should be equipped with recording pressure gauges of the 24 hour chart type to insure a definite standard with respect to pressure and the periods of sterilization.

The surgical sterilizers throughout the hospital, including those in the utility rooms and emergency departments, should be preferably of the concealed type.

The comparatively slight additional cost in such equipment is justified by the elimination of heat from the work-rooms, the very marked sanitary improvement over the exposed type, and the reduction of labor involved in keeping surfaces of sterilizers and piping cleaned and polished.

Laundry

This department will be dealt with hereafter in a separate section of the report, but "*en passant*" it should be borne in mind the fact that labour is the greater part of the expense involved. Therefore, labour saving machinery, eliminating manual labour where it can be done advantageously and cheaper by mechanical means, should be employed. The saving to be made in electrical power, steam, water supplies and maintenance are factors in the selection of the equipment.

Power Plant

Wherever possible and economical the power plant should be located in a separate building. In smaller hospitals it is often practical to plan the lower floor for boiler and engine room, etc., and the laundry on the first floor.

The type of boiler with fuel other than oil used in great measure to-day, is that of the bent tube boiler equipped with unit type underfeed stokers. A reserve boiler is good practice in all plants.

The equipment for coal handling should be so arranged that coal brought to the plant may be dumped into a hopper and carried by an apron feeder to a bucket elevator, thence to an overhead bunker, and in turn fed to the stoker hoppers through a weight larry, so that a record may be made of the amount of coal consumed.

The coal bunker should be made of non-corroding sectional cast iron. Ashes can be removed with the minimum amount of handling by means of an ash conveyor to an ash storage tank, from which the ashes may be discharged into trucks.

Steam should be generated at 175 pounds pressure and supplied at this pressure to the engines. By reducing valves 100 pound pressure to the laundry, 60 pounds pressure for all sterilizing equipment, and 30 pounds for kitchen equipment.

Complete metering equipment will accelerate efficiency and give information very useful in figuring costs of operation.

(Continued on page 26)

Royal Victoria Nurses' Residence a Model in Construction and Equipment

Facilities Include Living Quarters, Class Rooms, Library, Assembly Hall and Gymnasium, Dietetic Laboratory, Utility Kitchens, Reception Hall and Lounge

HIGH up on the wooded slopes of Mount Royal, its austere Scottish turrets towering above the tree-tops, nestles an imposing pile, the Royal Victoria Hospital. Looking down over the city which its splendid facilities have served for almost forty years, the Royal Victoria stands in all its glory—the pride of Montreal, and indeed, of all Canada.

But first let us tell you why we have chosen to visit the Royal Victoria Hospital this month. An imposing new wing has been added to the Nurses' Home, and when any extension is made to the Royal Victoria Hospital, that is news—and big news. Every addition that has been made since the foundation of the Royal Victoria back in 1894 has been a forward step in building construction, furnishings and hospital science.

When those two worthy Scottish noblemen, Lord Strathcona and Lord Mount Stephen founded the first unit of the Royal Victoria Hospital, they bequeathed to Montreal the foundation of what was to be one of the finest hospitals on the North American Continent. And not only that, they set a high standard for the men and women who carry on the task to-day.

The Royal Victoria Hospital first opened its doors in 1894 with accommodation of two hundred and fifty beds, and the finest hospitalization facilities of the day. Not satisfied with their philanthropy in erecting the buildings and furnishing them, Strathcona and Stephen endowed the hospital with a liberal fund to sustain the work after they had passed beyond the sphere of worldly assistance.

It was just four years after the building opened to the public that the first addition became necessary. In 1898 the first Nurses' Residence was built and the original nurses' quarters in the hospital were given over to patients and laboratory service. Many years passed before the ground was broken open to build the foundations of the next major unit. J. K. L. Ross, prominent Montreal sportsman and philanthropist, took up the task of his Scottish predecessors and donated the money to build the large Ross Memorial Pavilion, to accommodate the growing need for private patients facilities. Many new features were incorporated in the Ross Memorial Pavilion which greatly aided the hospital authorities to keep abreast of the times in surgical and scientific research work. It also embodied the latest and finest furnishings of that period.

Now, with a keen realization of the importance of a thorough training for its nurses, the Royal Victoria have added a large extension to the original Nurses' Home. In order to accommodate the legion of nurses required to staff the Royal Victoria, and to give them the best-informed, most scientific, as well as practical training in caring for the sick, the new and imposing addition became a necessity, and to-day walking through the portals of the new Nurses' Home, at the Royal Victoria, you are on

the threshold of what is claimed by many to be the most modern and efficiently planned Nurses' Residence and training school in Canada.

Up the ascent to the top of Pine Avenue you come to a beautifully picturesque residential district of Canada's most cosmopolitan city. Continuing up Pine Avenue, beyond the main entrance to the Administration Building, past the huge surgical wing, we come upon the stately Scotch Baronial addition, its newly-cut stone and gleaming copper eaves betraying its recent construction amid its older companion buildings. The new wing skirts Ross Memorial Drive, at the juncture of Pine Avenue, pushing the boundaries of the institution still farther up the slopes of Mount Royal, far beyond the original structure endowed by Lords Strathcona and Mount Stephen.

The new wing takes the form of an inverted "L," the short side adjoins the former west gable of the old building, dove-tailing into the rear of the old building and forming a connecting link to the long side which parallels the Ross Memorial Drive.

In appearance the new wing conforms generally to the other buildings with a free adaptation of Scotch Baronial type as the architectural motif. The building is of fire-proof construction with a structural steel frame, reinforced by concrete. The walls are of local limestone backed with concrete and masonry. The roof is laid with gypsum slabs covered with copper sheet.

Many new features are embodied in the new residence. First and foremost, it was built to accommodate one hundred and thirty-two nurses in seventy-two single rooms and thirty double rooms. In addition to supplying the need for living accommodations, the building includes class rooms; a library; a large assembly hall, which can be converted into a gymnasium; a special dietetic laboratory; utility kitchens; and a large reception hall with a long lounge joining the old and new buildings.

Once past the threshold, which is reached by a broad stone staircase, the visitor is admitted to a broad reception hall flanked on each side by cosy recesses amply lighted by massive bay windows. Occasional pieces, ferns and lamps, smart blue rugs over the rubber tiled floor, give an early impression of charm and comfort that pervades throughout the building. Adjoining, and in reality a part of it, is the long lounge, which forms the entrance hall. A long blue Sarouk rug extends the length of the lounge, leaving a margin of rubber-tiled floor of a coral and black marble motif alternating with a green and black marble colour tile combination. Along this wide corridor are several chesterfields, easy chairs, four or five high-back Jacobean chairs, a grandfather clock and other occasional pieces. Three sets of French doors open out over grilled iron railings overlooking the newly built Assembly Hall. From this impromptu mezzanine—a comfortable vantage point to view entertainments and concerts—a small audi-

ence can look down on the floor of the Assembly Hall, which is situated at a slightly lower level.

The Entrance Hall is artistically decorated. The stucco walls are done in pale buff, stippled with antiqued burnt sienna. This charming harmony forms a beautiful background for the lounge furnishings, and the beamed ceiling and narrow decorative frieze surrounding each ceiling panel enhances the beauty of the corridor still further. Lighting fixtures in a heavy Jacobean motif with statuary bronze finish blend well with the wall background.

On the left side of the corridor lounge is a small reception room furnished similar to the lounge, and farther down the corridor is the elevator. At the farthest extremity of the Entrance Hall an archway leads into the main corridor of the residence proper. Turning into the corridor, which is acoustically plastered and floored with heavy Battleship linoleum, the visitor views the French doors of the Library-Lounge opening on the left.

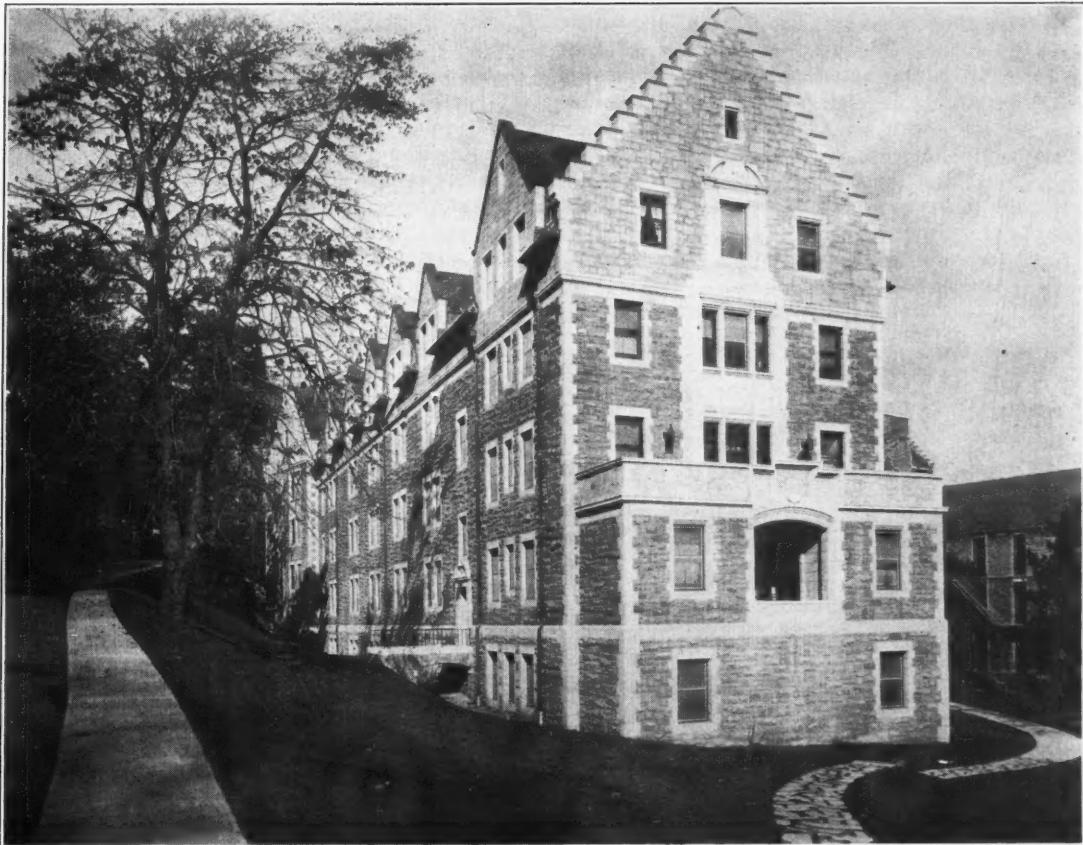
Passing through the double French doors, marks the entrance to a long cozy room that serves as a private lounge and library. The room is typically Georgian in decoration, a walnut finished dado panels the lower sections of the walls, and at the north end of the room two bookcases are recessed on each side of the fireplace. The centre of attraction in the north wall is the fireplace, which is handsomely done with black marble built within

a large ornamental mantel. The predominant colour note is a warm rust shade, two large Farukaband Oriental rugs add warmth and colour to the scene. Occasional chester-fields, tub chairs, side tables, Windsor chairs and a piano fill the room. The floor is laid with tiled rubber flooring in a black and red block pattern. Classic electric candelabras, after the fashion of the Georgian period, illuminated by candle flame bulbs. An adjoining room is furnished with writing desks and lounge chairs, etc., for practical application to the curriculum of the training school. Walls in both rooms are acoustically finished, and the stucco exterior has been attractively tinted in a pale buff tone to harmonize with the furnishings.

Almost immediately opposite the Library, is a large utility kitchen. It is strategically located to serve both the Assembly Hall and the lounge. The rest of the main floor is taken up for four supervising nurses' suites and single bed rooms.

The supervising nurses are located at the extreme south end of the corridor, situated in the more favourable corners of the building which comprise part of their two-roomed suites. These corner suites, one on each side of the corridor, have sitting room, bedroom, and semi-private bath, shared with the occupant of the next suite.

When the building was planned, the intention was to provide as many single rooms as possible. Seventy-two



The extension to the Nurses' Residence of the Royal Victoria Hospital, Montreal, adds another unit to one of the most imposing and complete hospital plants on the continent.

Royal Victoria Nurses' Residence

(Continued from preceding page)

single rooms and thirty double rooms were planned. Each room is equipped with wash hand basin and outside telephone service, which are new features for an institutional residence. The washbasins are usually located behind the door, out of range of eye unless one peeks behind the door. The single rooms are ten feet, two inches in width, and eleven feet, eleven inches in length. The double rooms are the same length, but twelve feet, eight inches in width, barely two and a half feet wider than the single rooms. A description of the furnishings that will follow will clearly indicate the remarkable economy of space which the contractors utilized in giving each room adequate up-to-date furnishings.

Three distinct colour backgrounds afford a pleasant variety to the bedrooms. The colour backgrounds against which the simple artistry of the specially-designed furniture pieces are laid, are rose, green and tangerine. The walls in all rooms are coated in a plain biscuit tone, which blends equally as well with the three colour arrangements.

In the tangerine room, for example, the overdrapes, easy chair, slip cover and rug are in blended tones. The overdrapes are most attractive with shaded orange stripes. The chair slip cover is made from deep orange coloured Irish linen, piped with black in harmony with a tangerine rug, fringed with a black border. A similar harmony of shades is found in the rose and the green rooms. Taking the key colour from the rug, the colour adaptation is made in the overdrapes and the slip covers on the chairs. The rugs are made from heavy Saxony deep pile yarn, woven in soft but solid colours—green, rose and tangerine—with a black border in each case.

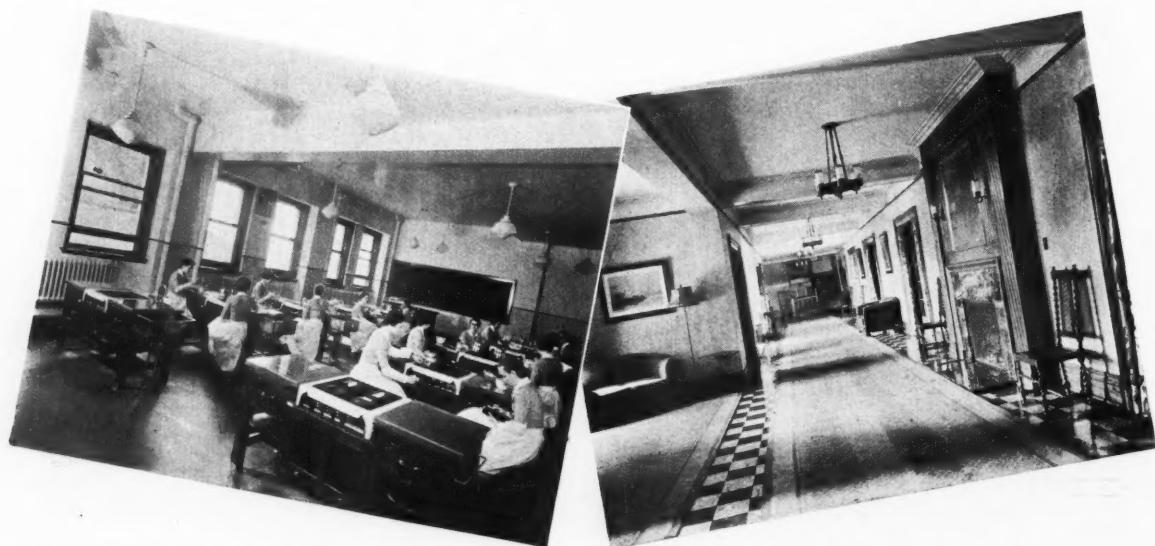
The net curtains in each room are the same. Made from the finest Swiss Marquise they offer a pleasing contrast to the overdrapes. The above mentioned overdrapes in the predominating pastel shades, are made from a striped silkine casement cloth, sunfast and tub-fast. Made with a special hook arrangement, they are quickly

removed for washing and replaced. The window shades are made from cream and green duplex tint cloth.

When the hospital authorities and the furnishing contractors, The Robert Simpson Company, Toronto and Montreal, turned their attention to the task of furnishing the rooms, they studied carefully their needs. To furnish the room comfortably as a bed-sitting room, allowing the student-nurses ample room to move comfortably about their personal quarters, and sufficient facilities for normal study habits was no easy task. The space limitations meant judicious choice of furniture. The choice involved many factors. The furniture had to be designed so that it would be compact as well as useful. The Royal Victoria Hospital had a well known and established reputation to uphold.

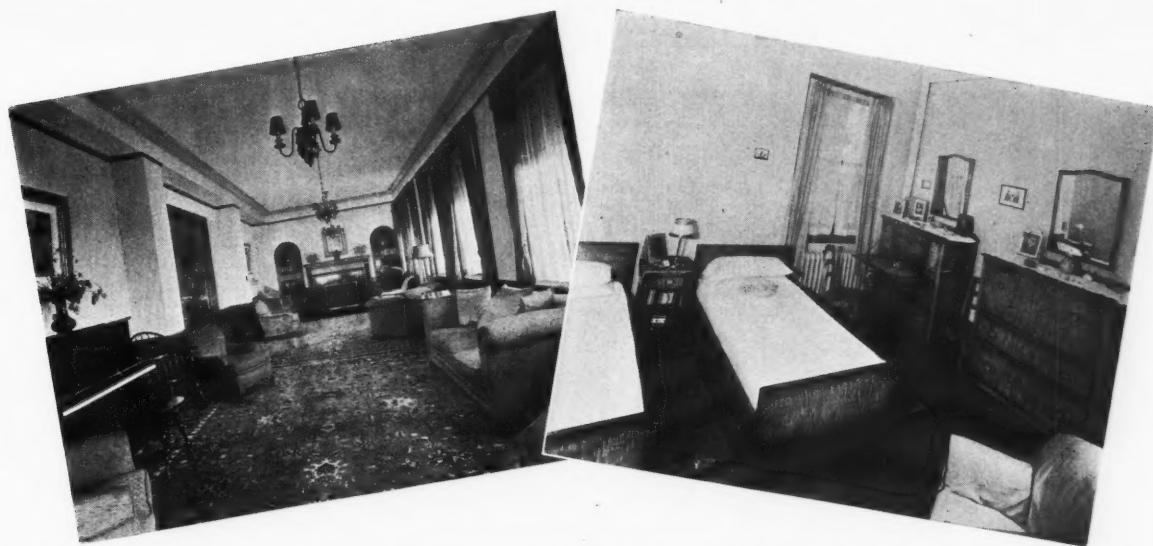
After making a study of the requirements, The Robert Simpson Company presented designs and estimates for the rooms. The wood chosen for the furniture was a beautiful matched grain butt walnut. The furniture pieces were made in a simple style, one which focused attention upon the fine wood materials, rather than upon the furniture itself. Emphasis was placed upon simplicity, endurance and uniformity, avoiding any form of extravagance, yet creating at the same time comfortable rooms at minimum cost. These requisites were filled, and the furnishings as they appear to-day in the numerous rooms reflect good taste and utility. Underneath the slightly ornamental exterior of the wood furnishings there glows the natural beauty of wood which no design, ornamental or otherwise could convey so effectively.

Each single room has a quota of furnishings comprised of a dresser, a side chair, a desk, a night table, a bed, bedside table lamp, a good sized rug, an easy chair, and a reading lamp. The dresser, with three drawers, has an unique feature in the top drawer. A sliding tray, fitted as a knick-knack holder with a recessed partition, moves freely the length of the drawer, and serves to keep small personal properties segregated from the general confusion of dresser drawers. The bottom drawer is a deep com-



Left—The Dietetic Laboratory provides training facilities for specialized work in dietetic research.

Right—The main entrance hall is artistically decorated, with the Jacobean motif carried out in lighting fixtures and chairs.



Left—The library-lounge is Georgian in decoration, and is luxuriously furnished with piano, chesterfields and occasional chairs.

Right—The double room illustrated shows the specially created combination of dresser, desk and bookcase.

partment, built to accommodate nurses' equipment. It has a cedar bottom. Mirrors are hung on the wall, and can be adjusted to any height by a chain hanger. They are framed in a simple solid walnut moulding.

Two chairs, a side chair for study and an easy chair for relaxation, comprise the seating accommodation. The side chair is built of solid walnut, ladder-backed with upholstered seat covered with chocolate-coloured mottled repp, similar to the coverings of the easy chair. The easy chair offers a comfortable contrast. It has a shaped (spined) back rising above the head level, loose seat cushions filled with double stuffed hair, low arms in English fashion. It, too, is covered with repp and has a slip cover of plain Irish linen.

The solid walnut desk is plain in design, combining the duties of desk and bookcase for training manuals and texts. The gables are recessed to accommodate the books. A small night table similar in construction to the desk, with matched butt walnut top and drawer fronts, sits at the head of the bed. A bedside lamp, simply but artistically constructed, affords light at the bed-head. The lamp is finished in statuary bronze with a parchment shade striped in mauve and gold, the Training School colours, and crested with the monogram of the Royal Victoria Hospital.

The beds are the particular pride of the contractors. They are of solid wood construction. The head and foot are built low to the floor. Each panel is carefully matched from the finest selected butt walnut. The panels and side rails are flush and entirely free from ornamental mouldings or ridges, an important factor in reducing the dust hazards and unhealthy collection of dirt particles. Deep wood rails join the head and foot. A special device does away with wood slats for the special springs. A specially constructed mattress with a deep, heavy, spring construction, built in separate cotton pockets, assures the sleeper of rest and comfort. Clipped by a new process, this type of spring mattress equalizes the distribution of weight over the entire mattress. It has a hair top, and is finished

with finest India white cotton felt and A.B.C. ticking, enclosed in a woven pre-shrunk duck covering.

The double rooms presented the greatest problem for furnishing. As we mentioned before the double rooms were only slightly more than two and a half feet wider than the single rooms, and the same length. The problem was to supply double the facilities in that small surplus without crowding the room or making it appear like an exact duplication of the furnishings in the single rooms.

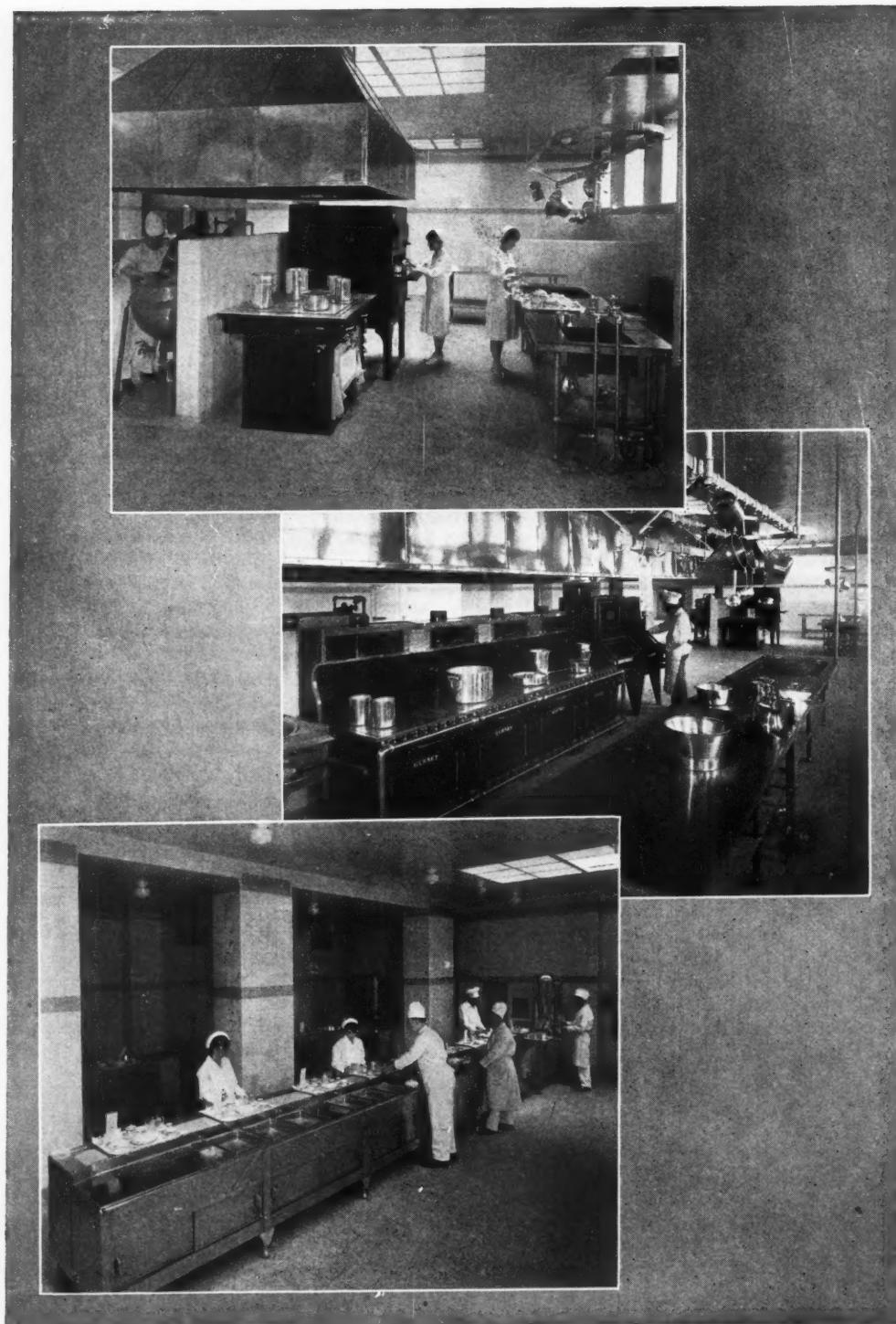
Furniture like the beds, chairs and side-tables could not be made any smaller. After making many designs and studying the dimensions available the furnishing contractors hit upon a splendid solution. They combined the dresser, desk and bookcase into a dresser-desk. This newly created combination fitted into the double room and left ample space for the single furniture units.

This unique piece of furniture resembles a high dresser. The first drawer is exceptionally deep. When it is unlocked the drawer panel drops down and forms a writing desk. In the interior there is a specially constructed compartment with a drawer and tray to store writing materials. The book shelves are recessed into the sides of the dresser. The other furnishings are the same as the single rooms, except that there is only one reading lamp in each double room, and to successfully relieve any monotony which might be apparent in exact duplication, a tub chair replaces one of the easy chairs. On the whole the double rooms are cleverly managed, and artistically arranged to afford complete comfort, as well as completely equipped. On the north side of the residence, where the rooms are naturally darker than those on the other three exposures, the furnishings were constructed of light toned wood. Instead of the dark butt walnut, a honey coloured flake maple was employed to brighten the rooms. The atmosphere is livened and the change in woods in no way detracts from the simple artistry of furnishing design.

Down on the basement level, virtually the ground level,

(Continued on page 21)

Food Service Department of Toronto General Hospital



The ultimate development of centralized tray service and distribution utilizes a combination of horizontal belts and vertical chain conveyors as first installed in the Toronto General Hospital. Lower view shows hot and cold food being placed on trays as they pass along conveyor belt, which raises them to floors, one approximately every seven seconds. See article "Feeding the Patient in the Modern Manner," beginning next page.

Feeding the Patient in the Modern Manner

By CHARLES F. NEERGAARD,
Hospital Consultant, and
PERCY C. QUINTARD,
Consultant on Kitchen Planning, New York City.

THE vast growth of hospitals during the past two decades, both in number and size, has transformed food service from an individual daily routine to a major economic and administrative problem. In all walks of life the standards of living and feeding have reached new highs. Both the ward and the private patient, who is seeking the hospital in increasing numbers, is exacting in his demands for the good food and service to which he has been accustomed. What the doctors and nurses do for him may be strange and of vague import. He endures pain and discomfort philosophically but distinctly resents cold or unappetizing food. That is something which he can appraise from every day experience.

The hospital's reputation largely stands or falls on its food service. It is usually the most common source of complaint and represents a major item of cost, ranging from 20 per cent. to 30 per cent. of the total expense of operation.

In cities the general hospital of less than 100-bed capacity is no longer found to be an economical unit. The three and four storey buildings have been replaced by towering multi-storey structures. The great medical

centre of 1,000 or more beds has sprung up, covering acres of ground and reaching into the skies. Ten thousand meals a day are consumed by patients, staff, nurses and employees. Truly big business has entered the halls of Science.

The serving of the patient's tray in an appetizing condition has challenged ingenuity as storey has been piled on storey and wing added to wing. The hospital kitchen and food service too long suffered from the lack of scientific planning. Only in the past decade have there been any radical departures from the old ways and any general tendency to adopt modern mechanical devices and management methods from the hotel and industrial fields.

Decentralized food service, for years standard hospital practice, has many disadvantages. The food is cooked in large quantities in the main kitchen and sent in bulk containers to diet kitchens on the patient floors. Here it is reheated or kept hot in a steam table until the nurses and maids are able to set up and deliver the trays to the patient. Time is no important factor. The food may not reach the patient for an hour after it is cooked. It is frequently unpalatable. There is rarely adequate super-

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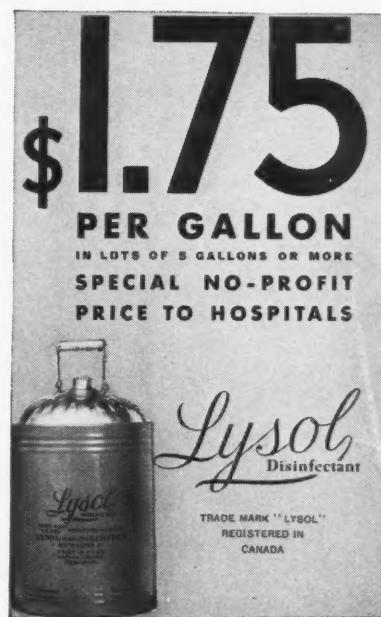
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Feeding the Patient in the Modern Manner

(Continued from preceding page)

vision or control of the way in which the portions are served.

With decentralized food service, at its best, it is almost impossible to supply really satisfactory meals to the patient. A hot rare chop, a cold crisp salad, tender peas and string beans require but a short time to cook or prepare and even less to lose their palatable flavour, and delays are inseparable from the system. There are other objections. The diet kitchens on the patient floors are centres of disquieting noises and persistent food and dishwashing odours. Each must have its own steam table, tray rack, storage cabinets, dishwashing facilities and personnel. The expense both in cost and operation is considerably higher than that of centralized service.

Laying aside the old idea of *keeping* foods hot and starting with an entirely new premise of not letting foods get cold, we find that speed and efficiency are the only answers. With the problem of not letting the hot food get cold is linked the one of how to keep the cold foods from getting warm and the answer is identical. Both hot and cold must be delivered with the same dispatch and before the original temperature is either lowered or raised.

This is being done successfully by several methods in many hospitals under the general classification of Centralized Service.

The complete centralization of food storage, cooking, the serving of trays and dishwashing was first developed in a large way at the Presbyterian Hospital, Chicago, some 15 years ago. During the past decade many of the new hospitals of 350 beds and under built in the United States and Canada have installed Central Service.

The fundamental principles are that all trays shall be set up *complete*, with *freshly cooked* food, in the main kitchen unit and delivered in the shortest possible time to the patient. To accomplish this the needs of the dietary department must be anticipated in the plan of the building. The kitchen space must be adequate, the equipment arranged to eliminate waste motion in every step of the cycle of food preparation, service and distribution. Vertical transportation must be swift and dependable.

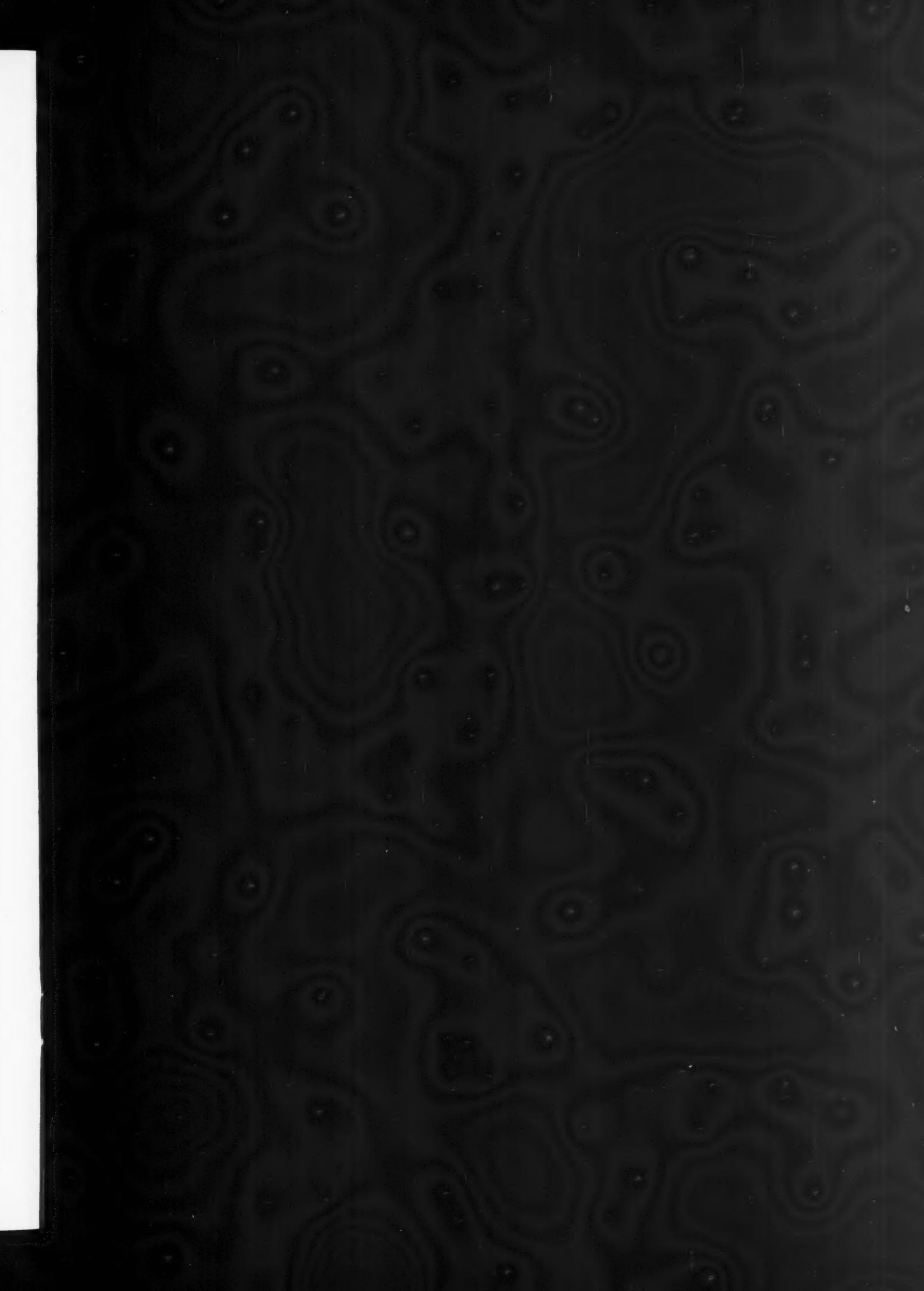
There are two methods used in delivering the trays from the central serving room to the individual patient. In widely spread buildings or where the kitchen is in a wing, trucks holding a number of trays are carried by elevator. In compact buildings, multistoried where the kitchen may be located directly under the patient floors, electric dumbwaiters or continuously moving chain conveyors are more practical and speedy.

Whichever the type of transportation, the technique or handling the individual tray in the central serving room is fairly uniform. There is a serving table along which the tray is passed receiving first the cold dishes, then the hot, and after inspection by the dietitian it is sent swiftly to the patient.

The serving table has a flush, stainless metal top and may be from 20 to 30 feet long. Under the first section is a refrigerator in which are stored on trays individual portions of salads and cold desserts. The adjoining sec-

(Continued on page 22)

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S U T U R E S I N A N C I E N T S U R G E R Y



PIERRE PIGRAY (d. 1613) was a pupil and follower of Paré, through whom he became chief surgeon to Henry IV and Louis XIII. Unlike his famous preceptor, however, he avoided the ligation of vessels when possible and sought to effect hemostasis by careful approximation of tissues and a firm suture line. He divided sutures into three types—incarnative, restrictive, and conservative. In describing them he stressed the importance of deftness, accurate spacing of stitches, and proper tension. In all cases he strove for a minimum scar.

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1504..SMALL 1/2-CIRCLE NEEDLE*	28"	3.60
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1543..3/8-CIRCLE NEEDLE.....	28"	3.60
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1341..STRAIGHT NEEDLE.....	28"	\$3.00
1342..TWO STRAIGHT NEEDLES...	36"	3.60
1343..3/8-CIRCLE NEEDLE.....	28"	3.60
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600..WITH EYED NEEDLE.....	28"	00, 0
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680..WITH EYED NEEDLE	28"	2, 3
685..WITH ATRAUMATIC NEEDLE	28"	2, 3

BOILABLE VARIETY

650..WITH EYED NEEDLE	28"	2, 3
655..WITH ATRAUMATIC NEEDLE	28"	2, 3
Package of 3 tubes		\$1.00; per doz. \$3.60

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WITH Atraumatic needles integrally affixed. Selection of material and size and shape of needles based on consensus of professional opinion in respective fields. Suture length 18 inches. Boilable.

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Nerve Sutures:

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Unabsorbable Sutures

BOILABLE

NO.	SUTURE LENGTH	SIZES
350..CELLULOID-LINEN	60"	000, 00, 0
360..HORSEHAIR	168"00
390..WHITE SILKWORM GUT	.84"	00, 0, 1
400..BLACK SILKWORM GUT	.84"	00, 0, 1
450..WHITE TWISTED SILK	.60"	000 TO 3
460..BLACK TWISTED SILK	.60"	000, 0, 2
480..WHITE BRAIDED SILK	.60"	00, 0, 2, 4
490..BLACK BRAIDED SILK	.60"	00, 1, 4
Package of 12 tubes of a kind		\$3.00

Short Sutures for Minor Surgery

NON-BOILABLE VARIETY

NO.	SUTURE LENGTH	SIZES
702..PLAIN KALMERID CATGUT	.20"	00 TO 3
722..20-DAY KALMERID	"	.20".....00 TO 3
742..40-DAY KALMERID	"	.20".....00 TO 3

BOILABLE VARIETY

802..PLAIN KALMERID CATGUT	.20"	00 TO 3
812..10-DAY KALMERID	"	.20".....00 TO 3
822..20-DAY KALMERID	"	.20".....00 TO 3
842..40-DAY KALMERID	"	.20".....00 TO 3
862..HORSEHAIR	.56"00
872..WHITE SILKWORM GUT	.28"0
882..WHITE TWISTED SILK	.20"	000, 0, 2
892..UMBILICAL TAPE	.24" $\frac{1}{8}$ " WIDE

Package of 12 tubes of a kind.....\$1.50

Emergency Sutures

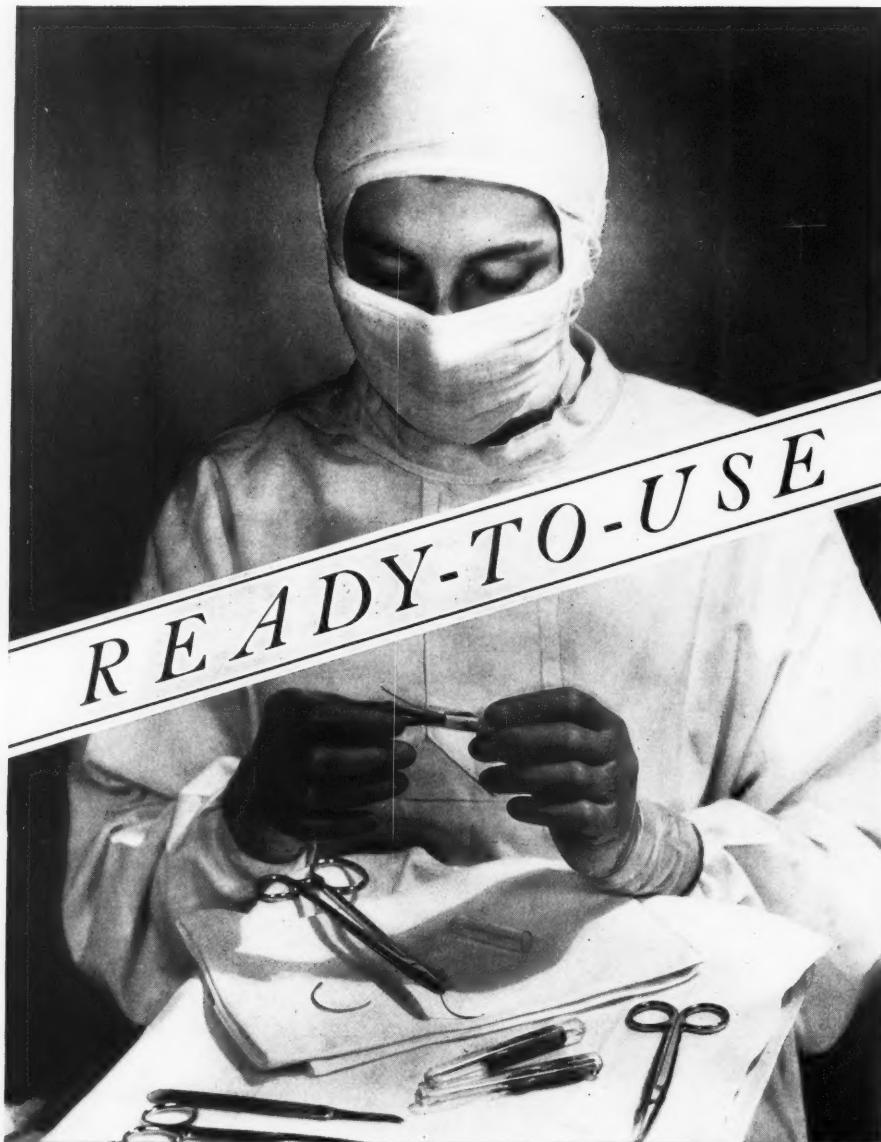
THREADED on half-curved eyed needles with cutting edges for skin, muscle, or tendon. Boilable.

NO.	SUTURE LENGTH	SIZES
904..PLAIN KALMERID CATGUT	.20"	00 TO 3
914..10-DAY KALMERID	"	.20".....00 TO 3
924..20-DAY KALMERID	"	.20".....00 TO 3
964..HORSEHAIR	.56"00
974..WHITE SILKWORM GUT	.28"0
984..WHITE TWISTED SILK	.20"	000, 0, 2

In packages of 12 tubes of a kind

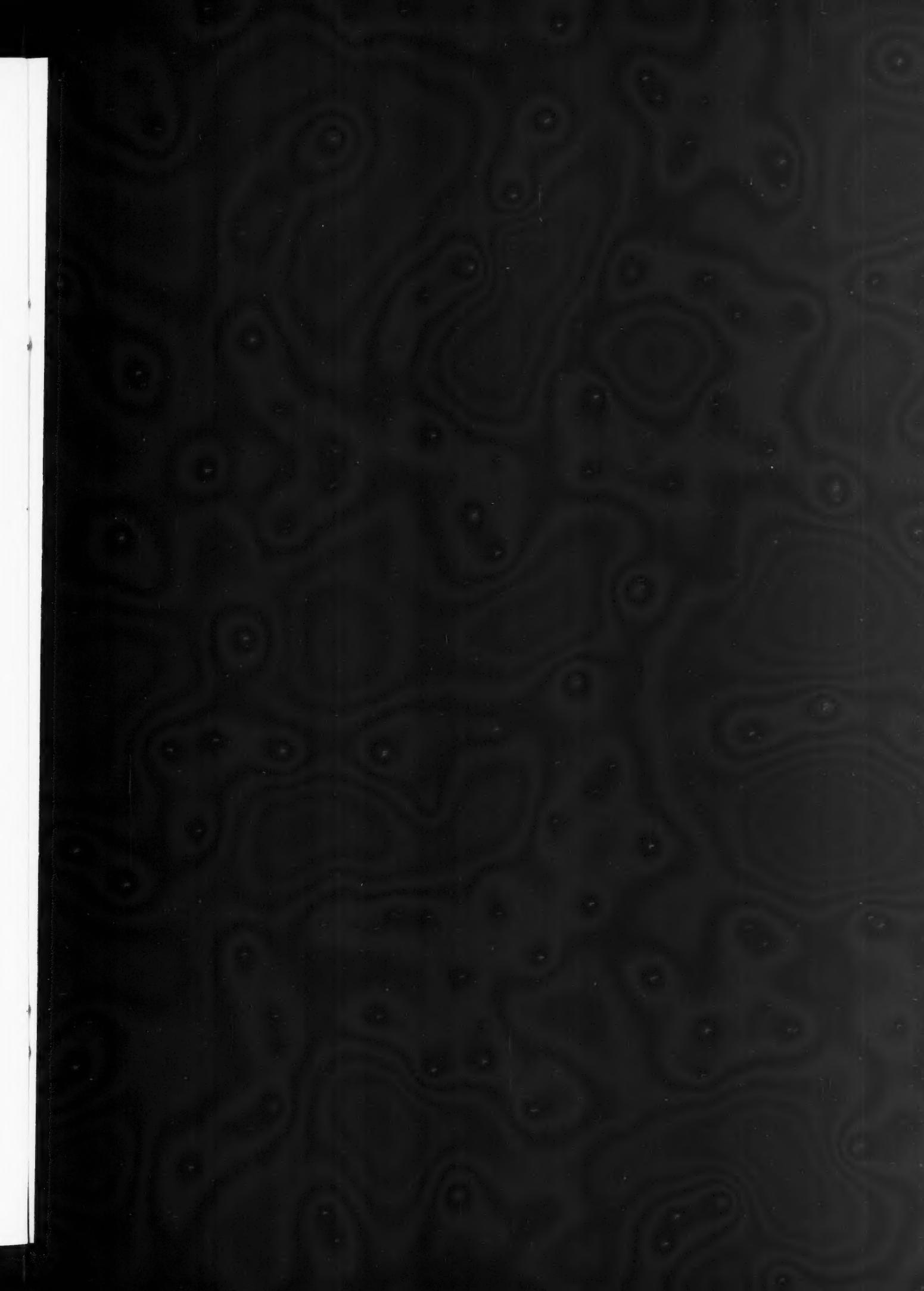
Emergency Kit Assortment:

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Royal Victoria Nurses' Residence

(Continued from page 13)

are the training facilities. Here, a lecture room, seating one hundred and fifty persons, offers facilities for group study. Adjoining this room is a study room and offices for the teaching staff. A demonstration ward containing eight beds and two cots for practical demonstration purposes, together with complete laboratory equipment for simple chemical demonstrations, affords nurses in training a place to gain practical knowledge of hospital technique. A special dietetic laboratory on this floor provides training facilities for specialized work in dietetic research. Ten specially designed desks with monel metal tops and sinks, four ring gas plates included, are used extensively. This department also includes a demonstration table, a battery of bake ovens and electric refrigeration. Ventilation is supplied by a local exhaust fan. Lockers and cupboards for storage of materials complete the equipment.

For the benefit of the nurses, each floor is provided with a small utility kitchen with laundry tubs, ironing boards, gas stove, refrigerator and storage cupboards. A large laundry room is found on the basement floor, with a tributary soiled linen chute running to all floors.

The man who played one of the leading roles in accomplishing this new addition to the Nurses' Home was W. R. Chenoweth, the General Superintendent of the Royal Victoria Hospital. The successful completion of this meritorious task was in no small way due to his untiring effort.

When a new addition is being made to an existing institution there is always a reputation to be maintained. For this reason the new wing on the Nurses' Home of the Royal Victoria Hospital was a job that not only provided an excellent opportunity for the contractors to add to the prestige of the institution, but an equally important opportunity to add to his own prestige. The Robert Simpson Company through its Hospital Contract Department, headed by Mr. H. G. Haynes, were given this opportunity, and were especially entrusted with the task of furnishing the bedrooms. Simpson's are proud to list this furnishing contract among their most notable achievements. Working in conjunction with Ogilvie's of Montreal, who furnished the library and lounge, they have contributed the background which makes this residence one of the most comfortable and habitable residences on record.

Lawson and Little, Architects and Engineers, supervised the construction of the building. The general contractors were Bremner Morris and Company Limited. The heating system, plumbing and ventilation was installed by James M. McIntyre Company, and the electrical wiring was done by that capable firm, the Canadian Comstock Company. The electrical fixtures were installed by Lincoln Morrison Company.

Mr. Parry Extraordinary Member I.H.A.

Mr. B. Evan Parry, F.R.A.I.C., Toronto, has been informed by the Secretary of Nosokomeion, Germany, that the International Hospital Association has the honor to consider Mr. Parry an extraordinary member of the association. Mr. Parry's keen interest in hospital architecture and his constructive assistance to the various hospital bodies is fittingly recognized by the International Association.



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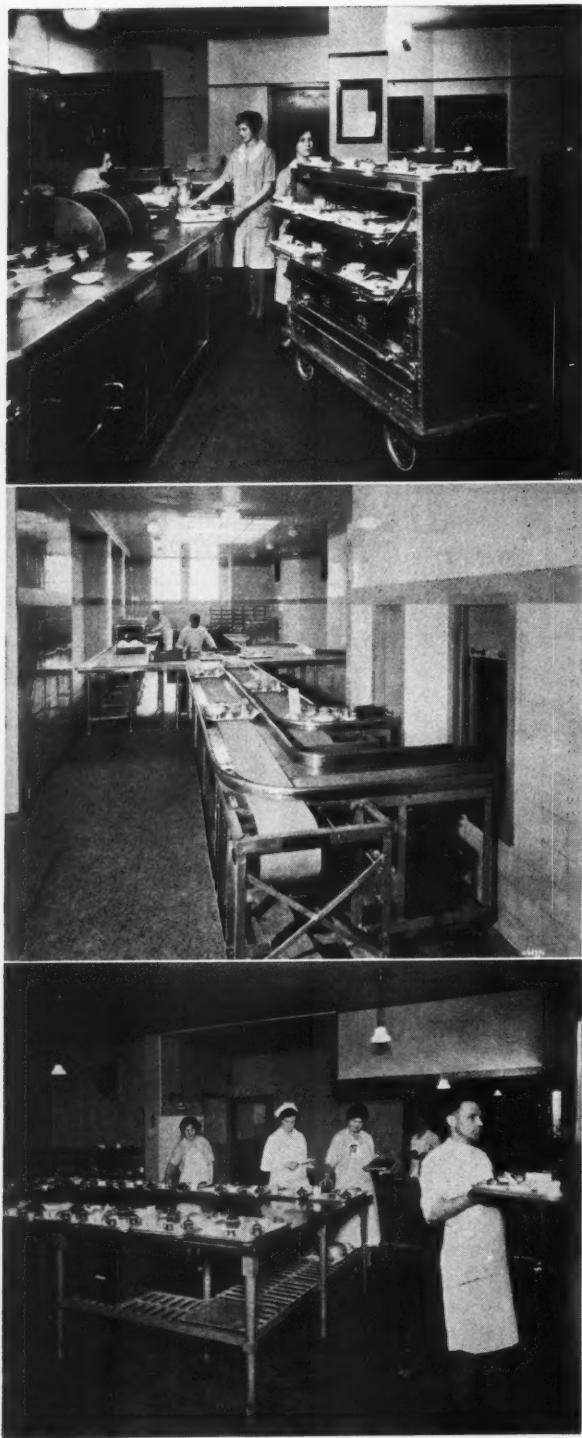
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Top—Neurological Institute, medical centre, New York City. Tray trucks holding twelve 16½ x 22½ trays. Central food service.

Centre—Toronto General Hospital, central dishwashing department, showing soiled trays being returned from patients' floors on belt.

Bottom—Homeopathic Hospital of Essex County, East Orange, N.J. Trays being passed along service counter, checked by Dietitian, and placed on vertical chain conveyor, delivering them to floors, one approximately every 15 seconds.

Feeding the Patient in the Modern Manner

(Continued from page 16)

tion has dishwarming closets under the marmettes and platters from which the soups, meats and vegetables are served by the chef. Next comes space for equipment and handling of tea, coffee, toast, etc. with additional dishwarming compartments under.

The foundation for successful central service is a properly planned kitchen, the superstructure, a well organized kitchen force following with military precision a soundly conceived routine. To this must be added the cordial co-operation of the medical staff and nurses to the end that the patient shall be ready to eat when the tray arrives.

A brief description of the system used in setting up and distributing trays by the two methods may be of interest. In the central serving unit each patient bed or room is assigned a numbered tray rack space. These are usually grouped by floors to insure a regular sequence in serving at each meal. Where trucks are used, each is designated for a particular group of beds, has its regular parking space in the serving room and each tray on its shelves is numbered. With conveyors the tray racks are fixed.

In advance of each meal maids place on the trays linen, silver, condiments and the menu, marked by the patient to indicate his choice of dishes.

First to follow truck delivery. At the zero hour Number 1 truck is moved along the serving table, with doors open and its twelve trays pulled out. An attendant reads from the menus the items required from the cold table, which are quickly placed on each tray. The truck is moved forward to receive the hot foods which are served in plates, covers, cups and saucers and pots thoroughly preheated. The dietitian scans each menu and vises the tray at a glance. Special diets, if any, are brought at this point from the diet kitchen, and the truck is wheeled to the waiting elevator, raised to its floor and pushed into the ward or to the door of each room to which it belongs and the tray handed to the patient.

In one hospital where trucks are used to supply three interconnected, four-storey buildings, an accurate daily record of the time consumed in the loading and delivery of its trays shows an average of four and one-half minutes per truck from the placing of the first portion on the first tray until the last of the twelve trays reaches the patient.

Where dumbwaiters or conveyors are used, the trays are lifted from the fixed racks in proper sequence, moved by hand along the top of the serving table and, when filled and inspected, placed in the carrier, raised to the patient floor and taken, either several at a time on a light truck or one by one, to the patient. At the Homeopathic Hospital, East Orange, New Jersey, where the first chain conveyor was installed in 1924, a filled tray is placed on the conveyor every 15 seconds and reaches the patient in less than four minutes, both average figures.

In the light of present experience the ultimate development of centralized tray service and distribution utilizes a combination of horizontal belts and vertical chain conveyors as first installed in the Toronto General Hospital. Here, trays are set up while carried on a belt which passes the cold and hot food service points at the rate of 16 feet a minute. The movement of the trays is syn-

chronized as they pass into the vertical conveyor by a short spacer belt which regulates and times their entrance. A tray completely set and checked left the service room on its upward journey about every seven seconds while the writer looked on. When they arrive at the proper floor, they are lifted off by an attendant.

One of the outstanding features at this hospital is the use of carefully trained floor maids, who take the trays from the conveyor to the patient.

This crew, starting at the top of the building, receives and delivers the trays for the floor and then moves down to the next where the process is repeated. The average elapsed time for tray set up and delivery is three and a half minutes.

Much money has been spent in experimenting with various types of equipment, the results of which may properly be summarized here.

Tray trucks of many sizes and designs have been used, holding from eight to thirty trays, wholly enclosed, partly enclosed, heated and unheated. Neither the heated truck nor the combination truck which separate hot and cold compartments have proven entirely satisfactory and practical. With both, hot and cold dishes must be separately handled and reassembled on the patients' floor, resulting in delay. These trucks are heavy to move and costly to buy.

The truck as used at the Neurological Institute, New York, and many recently completed hospitals, was designed as the result of much study. It is light whether made of aluminum or steel and can be easily handled by one person. It has rubber bumpers on all sides to pro-

tect the walls. It is unheated and uninsulated but hot foods do not cool off nor cold foods become warm during the brief period of movement to the patient rooms. It has a capacity of 12 trays, three to each compartment the door of which opens to form a flush extension shelf. It is strong, yet inexpensive.

Automatic electric dumbwaiters have not always been found reliable. The continuously moving chain conveyor has proved highly satisfactory. Trays may be put on and taken off the racks as it moves slowly past. A limit switch on each floor stops the machine if the attendant fails to remove a tray when it reaches the opening. After the meal the conveyor is reversed and carries the soiled trays to the basement where they are picked up by a belt and borne to the central dishwashing room.

Properly organized and managed centralized food service offers many advantages and economies as compared to the old system. The central mechanical dishwashing saves some 40 per cent. in the breakage of china and glass as compared with hand washing. The large washer may be operated by a crew of three where two people are required in each of the four or five small pantries. The dishes are not only washed but sterilized after each meal—an important factor. One central dishwasher with a capacity of 10,000 pieces per hour will cost about half as much as the small individual machines sometimes provided for each diet kitchen and the personnel dining room.

There is a decided reduction in food waste. The dietitian exercises constant control and supervision over preparation and serving; she watches the size of portions,

(Continued on page 31)

An additional improvement in the Squibb Ether Container

FROM the time when Dr. Edward E. Squibb designed the first ether still capable of producing pure anesthetic ether, leading anesthetists have preferred and specified Squibb Ether. And there are sound reasons for this choice.

To the scientific care in manufacture that has distinguished Squibb Ether for 74 years, has been added an exclusive method of packaging which protects it from deterioration. Squibb Ether is the only ether that is packaged in copper-lined containers to prevent the formation of oxidation products. It is sealed with a unique mechanical closure top as a safeguard against contamination of the product by solder or soldering flux.

Now, an additional improvement in the Squibb Ether container has been made by the introduction of a pointed cap. This cap, when used with a safety pin, provides a practical and handy dropper for administration of the ether by the Open Drop method.

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News of Ontario Hospital Aids

"Nothing is more estimable than a physician who, having studied nature from his youth, knows the properties of the human body, the diseases which assail it, the remedies which will benefit it, exercises his art with caution, and pays equal attention to the rich and the poor."—Voltaire.

BRANTFORD.—The Junior Hospital Aid has been successful in the sale of a splendid cook book to increase the funds for this very active society, composed of young matrons who devote their energies to the upkeep of the nursery of the Brantford General Hospital.

* * *

INGERSOLL.—The regular meeting of the Hospital Auxiliary was held at the home of Miss Moon, with Mrs. Meek presiding. It was decided to hold a jam, jelly and fruit shower at the Hydro Shop, Nov. 10, 11 and 12, and it is hoped there will be the usual generous response from the public. Plans were made for the annual hospital dance with Freddie Wurker and his orchestra as the musicians. Mrs. Meek and Mrs. Elford gave splendid reports of the convention of the Women's Hospital Aid Association of Ontario in Sarnia.

* * *

MOUNT FOREST.—Four hundred and fifty jars of fruit, ranging in size from jelly glasses to half gallon jars, were collected by the W.H.A. of the Louise Marshall Hospital,

Mount Forest, on Friday, Oct. 14. The fruit shower is an annual event and is well supported by the town. The annual meeting of the Aid was also held in October, and an encouraging year's work reported. The officers were re-elected: President, Miss Grace Wright; Secretary, Miss M. E. Conner; Treasurer, Mrs. J. W. Tanner.

* * *

NIAGARA FALLS.—The Junior Hospital Aid has been very active during this year, and have given splendidly of time and talent. One of the chief activities being a circulating library. They have 273 books for adults and 23 children's books. These books are kept in dust-proof cabinets, each book being covered with buff paper. The cover is removed and new paper is put on after being used by the patient.

Some of the purchases for hospitals by Aids during the year are as follows: Clinical scales, vacuum cleaner, electric hair dryer, easy chairs, electric fruit squeezer, Siebrandt Colles leg splints, Siebrandt Colles arm splints, 10X Weld oxygen regulator and hose, 1 celluloid hood and infant inhaler, 1 oxygen tank hold (rent for year), sun room furniture, portable X-Ray machine (bedside), blankets, linens, dishes, vases, surgical cases for graduating nurses, electric sewing machine for use in sewing room, re-furnished nurses' home; Gatch beds; gave subscription to Good Housekeeping Magazine for Nurses' Home; fruit, jam, pickles, showers; provided Christmas dinners for nurses; electric elevator, diathermy machine, feather pillows; sent donation to out-post hospitals at Wilberforce and Lion's Head; surgical gowns; had floors of hospital re-finished and interior of hospital re-decorated; one Aid last year made 300,000 dressings; also assist in social service and outdoor clinic; provided diabetic syringes, scales and baskets of diabetic food; provided a trained diabetic nurse for outdoor clinic; keep well-stocked Samaritan cupboard; gave 54 Christmas baskets of food to outdoor department; provided 40 layettes for this department; one Aid made 100 layettes during the year; glasses, arch supports, crutches and false teeth donated outdoor department; gave five thousand dollars toward furnishing new wing; furnished pre-natal clinic room, cots for nursery, quartz lamp, occupational therapists.

* * *

PETROLIA.—At the October meeting of the Charlotte Eleanor Englehart Hospital Auxiliary, much regret was expressed at the resignation of Mrs. Wm. Pratt, our treasurer. A vote of thanks was tendered Mrs. Pratt, who is leaving Petrolia to make her home in London.

* * *

ST. CATHARINES.—The Annual Meeting of the St. Catharines Ladies' Aid of the General Hospital was held on November 9th, at which election of officers for the coming year took place.

The Treasurer's report showed receipts of \$1,570.59 and disbursements of \$1,304.87 for the year.

On November 4th a fruit shower was held, at which a very substantial supply of fruit, pickles, etc., was received

"COMFORT" Hospital Bedding

Mattresses —Felt, Kapok, Inner Spring and the New Air Construction Mattress.
(Patented)

Springs —the Famous "Colleran" Sagless Bed Spring.
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*All designed to give real comfort to the patient.
Write to-day for full particulars.*

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for the public ward patients, as well as cash donations of \$29.55.

The Occupational Therapy Committee's report showed that 175 ward patients had taken up occupational therapy work during the year. Several of the articles made were displayed at the Canadian National Exhibition, Toronto, where two prizes and an honourable mention were obtained.

The Social Service Committee make it a practice to visit all ward patients in their homes after leaving the hospital, and supplies, such as tonics, clothing and food, are sent to those in need.

The following officers were elected: Mrs. Stuart Watt, President; Mrs. Chas. W. Sim, Secretary; Miss E. Clench, Treasurer.

Report of the Central Council of the Niagara Peninsula Sanatorium:

In 1928 work was begun on the new Niagara Peninsula Sanatorium, and immediately the idea came that the ladies of the two counties, Lincoln and Welland, could be effectively organized to promote the seal sale campaign. We asked for the formation of the Seal Sale Auxiliary in various parts of the counties—each Auxiliary or unit, as we named them, were to send two delegates, the President and Secretary, to act as part of our Central Council.

We meet every two months at different points in the counties and discuss new needs at the Sanatorium, and also proportion the amounts each Auxiliary shall pay into the treasury of the Central Council. By this means we have been able to furnish the women's floor completely with forty-four beds and a sun porch, and half of the men's floor of equal size. We furnished all the linen, the silverware, dishes and all the bedding that was required. We completely furnished the Nurses' Home. This cost approximately \$5,500.00. This past year we have placed on duty a travelling tuberculosis nurse, who acts as contact for old cases and new.

Our only source of income is the Seal Sale. Monies raised by various units of the Central Council for year 1931 are as follows:

Niagara Falls	\$616.28
Welland	416.22
Grimsby	172.05
Beamsville	160.40
Thorold	221.50
Port Colborne and Humberstone	664.12
Merritton	112.00
St. Catharines	1,440.88
 Total.....	 \$3,803.45

Monies raised by Seal Sale units from 1928-1932, not including 1933—total amount is

Niagara Falls	\$2,514.16
Welland	2,100.00
Grimsby	974.84
Beamsville	383.82
Thorold	623.00
Merritton	588.53
Port Colborne and Humberstone	3,700.65
St. Catharines	11,223.22

Making a grand total of \$22,108.22
Clara Martin, Secretary.

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PURE GUM FINGER COTS

Standard Assortment: Small, Medium and Large.

Thumb Cots to order.

Tissue weight: Packed 1 dozen assorted in powder in round boxes.

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Report of Sub-Committee of the Canadian Hospital Council

(Continued from page 9)

Generating Equipment

In most provinces it is a requirement that two separate sources of light be provided for operating rooms. It is also desirable to have an emergency service to take care of lights in important locations in the building; the electric clock system and elevators on which stretcher cases are handled, to insure continuity of service. For this reason an auxiliary electric service is essential.

Heating System

All rooms throughout the hospital should be heated to 70° F., except sterilizer rooms, etc., where the apparatus gives off heat. Operating rooms should be kept at a temperature of 85° F. during their use and arranged so that their temperature will quickly attain this condition when required, although their normal temperature may be around 70° F.

The heating system may be hot water, either forced or gravity type, or two pipe coil pressure steam. (Small hospitals, of say ten to thirty-five beds, would doubtless find it more economical to adopt the hot water heating system.) In either case, it should be arranged so that the temperature will be controlled from a central point and the system adjusted easily to suit the changes in the weather outside.

Temperature Regulation

All rooms should be equipped with automatic temperature regulators so that the temperature will not vary more than one degree above or below the temperature desired; thus adding to the comfort of the patients and also effect a saving of fuel.

Ventilation

Mechanical ventilation is necessary where public ward patients congregate, also kitchens, dishwasher rooms, toilet rooms, serving rooms, isolation ward toilets, X-Ray department, operating rooms and delivery rooms; otherwise the gravity system will meet all demands.

Air conditioning for the operating rooms is desirable since humidity is required to prevent static sparks which in dry air might be caused by friction; and the result, the explosion of some types of anaesthetics.

Telephone System

Dial type phones have proved very satisfactory whereby connection may be made automatically and instantly from any department to another, or to outside lines. Incoming calls are received by a switchboard operator, who transfers them to the respective stations.

Signal System

The special signal systems in vogue to-day may very well be described in some detail; and the following may be accepted as eminently satisfactory from practical experience re:—

The nurse's call system includes an annunciator with room indications at the nurse's station, an indicating light over the door of the room from which the signal was sent, indicating lights in utility rooms and diet kitchens, and a cord with push button at each bed.

With the doctor's paging system each individual (doctor, intern, or hospital official) who may be called is assigned a number; and paging annunciators are installed

in prominent places throughout the building and the telephone operator provided with a keyboard on which the numbers required are set up.

The doctors' "in and out" annunciator system consists of two annunciators, one in a convenient place in the main corridor, and one at the side of the telephone operator. At the side of the doctor's name in the corridor annunciator is a bull's eye, and if he is wanted the telephone operator throws a switch at the side of his name on her annunciator and thus the bull's eye in the corridor becomes illuminated.

Clocks

Electric clocks are essential and should be controlled by a master clock. The clocks should be installed at all principal corridor intersections and at all prominent places in both the hospital building, the nurses' home, and the power plant.

Clocks at corridor intersections of the ward floors should be suspended from the ceiling in a common housing with the doctors' paging annunciator, and both double faced so as to be seen from all corridors.

Lighting

Where ceiling lights are used in the patients' bedrooms (which practice is not recommended) totally indirect fixtured should be installed, thus avoiding shadows and glare.

Bedside lamps are necessary, as also small louvred fixtures, the latter built into the wall in each bedroom, as also at twenty feet intervals in the corridors for use at night.

The lighting in operating rooms is often a bone of contention between engineers, architects and the surgeons.

However, the type used with perfect satisfaction is that formed by prismatic plates of glass with quarter concentric prisms, used in groups of four, to form one large lens 24½ inches square with a 12½ inch focus. The chief claims for this type is flexibility and extreme facility for fine adjustments.

Elevators

Speed is not to be desired unless a modern type control with smooth acceleration and deceleration with accurate landings are assured.

If in the affirmative both passenger and main service elevators should serve all floors, have capacity of 3,000 lbs. each, with a speed of 400 ft. per minute.

The "collective push button" type of control is satisfactory and should be arranged for both entirely automatic operation or semi-automatic operation with an attendant.

Fans in combination with electric light fixtures, together with grilles in the cars, keep the air fresh.

The dumb waiters for conveyance of food trays from the dietary department to the various floors should be preferably of monel metal and the doors of the cars arranged so as to totally enclose the cars.

Pneumatic Tube System

The pneumatic tube system so efficiently installed in many large hospitals to-day provides for the transmission of records, accounting information, admission slips, dismissal slips, letters and telegrams to the various parts of the building, including all the floors. This amenity facilitates administration and saves useless running around, as also avoids confusion. For example, a requisition from

a floor to the pharmacy is handled by the requisition or prescription being dropped into the tube and delivered to the pharmacy and the machine returned from the pharmacy to the floor by an automatic high speed dumb waiter, which also connects with the nurse's station on each floor. By this method it is possible to have medicines delivered to the nurse's station without the nurse having to leave the floor.

This same system facilitates the changes in diet slips, or nourishment orders, also charges to the accounting department are handled by cash slips immediately available in each nurse's station and distributed to each floor.

Water Supply

In rural hospitals the supply of water is generally drawn from a well, lake or stream. This supply in many cases is found to be in a very unsatisfactory condition, due to many causes, as for instance, in many cases the well supply is from what is commonly known as shallow wells, and only surface water is available. In cases of this kind the water is generally somewhat polluted and expensive methods of chlorination must be used to purify the water. Secondly, where the water is drawn from rivers or streams, the water may be found to be dirty and contain sediment, silt or other form of material. Thirdly, in cases where water is drawn from wells, the water is found to contain magnesium, sulphates, carbonates, etc., which create hardness and make the water undesirable for working purposes. Fourthly, in many cases the water is unpalatable for drinking purposes due to iron, sulphur, etc. These conditions so often found in rural hospitals demand special attention. Therefore, the following equipment should be installed to counteract such defects:

- (a) Filter to take out sand, silt or dirt.
- (b) Water softener to eliminate hardness, thereby effecting a great saving in soap supplies, cost of laundering, and great improvement in dish washing efficiency.
- (c) Purifier for the elimination of all taste in the water.
- (d) Bacteria remover in lieu of a chlorinator, which latter is costly in comparison, and therefore has not always been used. The bacteria remover now on the market is in form very similar to a water softener tank, and the mineral used is a silverized compound, which will eradicate the bacteria from the water.

The foregoing equipment is now obtainable in manifold form and can very readily be installed.

Incinerators

The equipment available to-day for incineration purposes includes gas-fired, coal or wood, and can be obtained with a range of from one to twenty bushel capacity. It is estimated that six to seven bushels of garbage per diem would take care of a 50-bed hospital, whereas with 150 beds and up, the industrial type of equipment is desirable. The former type is portable and the latter, the built-in variety.

With the industrial type, hot water connections can be built in, thus using the heat from the burning of garbage for the purpose of heating water for hospital purposes.

Can you count him wise or discreet that would willingly have his health and yet will do nothing that should procure or continue it?—*Robert Burton.*

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A case in point, then, for you who use sleep as a fundamental part in rebuilding health, to compare notes with those who make a business of selling sleep.

The facts are quite plain, SPRING-AIR has won preference in the Hotel field just as it has won preference with the finest Hospitals.

This is the type of testimonial that is real and worth while.

In less than four years the SPRING-AIR Mattress has been installed in more than one thousand of the continent's leading hotels and hospitals.

You can demonstrate SPRING-AIR'S superiority in actual test service in your own hospital. Communicate with us and secure a sample for testing purposes.

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“We Keep Awake that Others May Sleep”

News of Hospitals and Staffs

*A Condensed Monthly Summary of Hospital Activities,
and Personal News of Hospital Workers*

BRAMPTON, ONT.—W. P. Bull, K.C., LL.D., B.A., of Toronto, officially placed the corner stone of the new utility wing of the Peel Memorial Hospital on November 11th. Mr. Bull has been keenly interested in the advancement of hospitals, and officers all over England were cared for in his convalescent home there. He had the pleasure of opening the War Memorial Hospital at Brampton, Cumberlandshire, just after the close of the war. This along with his very warm interest in every spot of Peel County, made his duty here a particularly happy one.

* * *

FREDERICTON, N.B.—The new Nurses' Home of Victoria Public Hospital was formally opened on October 22nd with a tea which was well attended. Following the tea, the guests inspected the interesting points of the imposing structure.

Located on land acquired from the Federal Government, just west of the Fraser Memorial Hospital build-

ing, the new building of three storeys, is in an ideal position from viewpoints of both utility and natural beauty.

* * *

KINCARDINE, ONT.—Miss Bertha Vicary, R.N., of South Delaware, has been appointed to the staff of the Kincardine General Hospital in the capacity of supervisor.

* * *

KINGSTON, ONT.—Work will be started immediately on establishing a radio-therapy building for cancer treatment at the General Hospital here, it was announced on November 22nd. The Empire Wing of the hospital will be the locale.

The plant is expected to cost \$75,000, part of which will be paid by the Ontario Government, in line with its policy of cancer treatment. It will be ready in May, it is anticipated.

* * *

KITCHENER, ONT.—Officers of the Waterloo County Health Association, guiding organization of the Freeport Sanatorium, were unanimously returned to office. The slate is as follows: President, R. O. Somerville, Waterloo; vice-president, P. Hilborn, Preston; secretary, T. R. Richardson, Galt; treasurer, L. L. Lang, Galt. With the addition of D. M. McFayden, Galt, and M. M. Tedd, Preston, the entire directorate was re-elected.

* * *

LONDON, ONT.—Remuneration for the intern staff at Victoria Hospital during the 12-month period, commencing July 1, 1933, will be on the same basis as at the present time, \$50 a month for seniors and \$25 for juniors.

There are four seniors and eight juniors to be appointed. In addition there are two fellowships under an arrangement between the medical school and the hospital.

* * *

LONDON, ONT.—A swimming pool and shower will be installed at the War Memorial Children's Hospital. The pool will be the gift of the War Memorial Children's Hospital committee, and the work will be begun shortly. In the past the children have taken swimming at the Y.M.C.A. pools, loaned for the purpose, and members of the Junior League have arranged transportation. In future, however, when the new equipment is complete, swimming will become a regular part of the daily hospital routine.

* * *

MONTREAL.—The annual report of Montreal General Hospital for the year 1931 shows that the central division had an occupancy of 94.87 per cent and the western division of 95.4 per cent, an average for the whole hospital of 94.96.

Please refer to THE CANADIAN HOSPITAL when writing

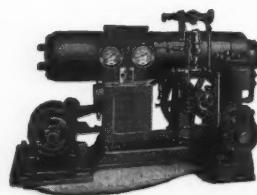
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MONTRÉAL.—The City of Montreal will subscribe \$30,515 per annum for twenty years toward the new St. Mary's Hospital to be built at Cote des Neiges, reserving the right to use 100 of the 225 beds, under a contract approved on October 21st, by the City Council. It is expected that work on the new hospital building will commence in December.

* * *

MONTRÉAL.—The retirement of Miss L. C. Phillips from the position of superintendent of the Montreal Foundling and Baby Hospital completes the work of one who has done a great deal for infant welfare in the city and province. Her retirement is due to ill health.

As superintendent of the hospital for thirty-two years, Miss Phillips has built up the institution to a degree of efficiency which places it in the front rank.

* * *

MONTRÉAL.—James H. S. Parke, well-known former secretary and superintendent of the Montreal General Hospital, died on October 31st at his residence, 2036 Vendome Avenue, at the age of 67. During the 10 years from 1907 to 1917 he was secretary and superintendent of the General Hospital, and was actively associated with the work of founding and building the new hospital wing that was started in 1911. He was succeeded in the superintendency by Dr. Fish.

* * *

MONTRÉAL.—With two lectures and demonstrations on essentially professional medical topics, the winter series of clinical lessons of the Notre Dame Hospital was inaugurated on October 31st at the Maisonneuve Street institution. "Pain in Neurology," the first lecture, delivered by Prof. B. G. Bourgeois, was illustrated by lantern slides and charts. Later Prof. Pierre Masson, assistant of Prof. Charles Simard, spoke on the histologic classification of skin cancers. Many doctors and medical students were present.

* * *

OWEN SOUND, ONT.—Miss Isabel Chester, R.N., of this city, has accepted a position on the operating room staff of the Hospital for Sick Children, Toronto. Miss Chester graduated from the Hospital for Sick Children a year ago last June and was the winner of Mr. J. Allan Ross' prize for highest standing in practical work. Her appointment to the graduate staff testifies to her fine standing in her profession.

* * *

OTTAWA, ONT.—The building on Cambridge Street, now occupied by St. Vincent's Hospital for Incurables, was formally opened on October 13th by Controller Fulgence Charpentier, acting mayor during the absence of His Worship Mayor Allen. The hospital is under the direction of the Grey Nuns of the Cross of Ottawa.

The spacious main hall was crowded with friends of the institution, and the gathering was presided over by Dr. Rodolphe Chevrier, chairman of the hospital board. His Excellency Mgr. J. G. Forbes, Archbishop of Ottawa, honored the gathering with his presence, and Dr. McGhie of Toronto, director of hospital services for Ontario, represented Hon. Dr. John Robb, Provincial Minister of Health, who was unable to be present.

ST. CATHARINES, ONT.—At the annual meeting of the Board of Governors of the Niagara Peninsula Sanatorium, the following officers were elected:

Mr. A. Trapnell, chairman of Board of Governors.

Dr. John Sheahan, chairman of Executive.

Dr. C. G. Shaver, Medical Superintendent.

H. A. Collins, secretary-treasurer and business manager.

Miss Marie Buss, matron and superintendent of nurses.

* * *

SAINT JOHN, N.B.—Approval of the proposal to transfer children from the Municipal Home to the former Isolation Hospital building on Sandy Point Road has been given by the Board of Health.

It was agreed to have the board place at the full disposal of the Municipality the building and all its equipment in the form of beds, beddings, dishes and other supplies which would be useful in caring for the 49 children from the home.

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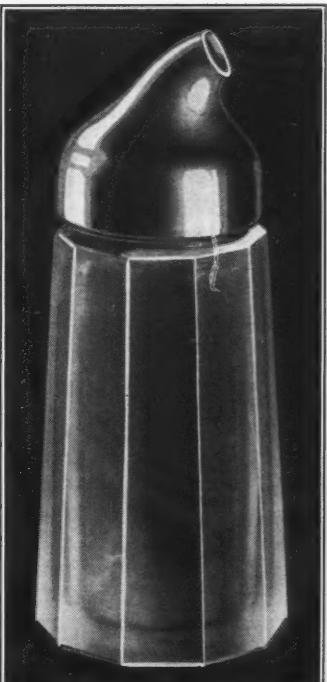
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SAULT STE. MARIE, ONT.—A new nurses' home attached to the Ontario hospital here was officially opened on October 14th by Mrs. J. M. Robb, wife of the Hon. Dr. Robb, Provincial Minister of Health, in the presence of a large number of citizens of the town and district.

* * *

ST. THOMAS, ONT.—The unusual beauty of the Labrador coast, the charm and the hospitality of its people, the tremendous influence of Sir Wilfred Grenfell in his chosen field of service, were outstanding among the impressions of this interesting country gained by Miss Winnifred Robertson, Reg. N., who has just returned to her home here after spending five months in Labrador, where she was relieving Miss Murdoch, nurse in charge of the Grenfell nursing station at Forteau, during a summer's leave of absence.

There are four hospitals in the Grenfell Mission, with a number of nursing stations situated at more isolated points, where emergency cases can be treated and something of a public health service carried on.

* * *

SHERBROOKE, QUE.—A change in the administration of the Sherbrooke Hospital has been brought about by the resignation of Miss Helen S. Buck after seven years as superintendent. Since Miss Buck's resignation was accepted by the executive board of the hospital, Miss Verna K. Beane, assistant superintendent, has been in charge of the hospital pending further action by the Board.

* * *

SYDNEY, N.S.—Heading the medical staff of the City Hospital for the coming year is Dr. Ray Ross, who was elected president at the annual meeting.

Dr. Malcolm Macaulay was named secretary-treasurer, while the following executive committee was appointed: Drs. W. R. McRae, J. F. Macaulay and J. J. Roy.

* * *

TORONTO.—A plea for humanized psychiatry was made by Dr. C. B. Farrar, M.D., director of the Toronto Psychiatric Hospital and professor of psychiatry at the University of Toronto, who addressed the Progress Club at luncheon in the Royal York Hotel recently.

The whole subject, he said, should be brought into the field of everyday medicines, of everyday social relations, of everyday normal life, and not relegated to a mysterious background.

* * *

TORONTO.—Declaring himself unable to find on the facts that the hospital was responsible for the burns appearing on the right leg of the plaintiff, Mr. Justice Logie dismissed with costs the action brought by Mrs. Mildred Robinson against the trustees of the Toronto General Hospital. He emphasized that Mrs. Robinson was at death's door when admitted to the hospital, and had been saved only by the skill of the surgeons.

* * *

TORONTO.—Dr. Joseph Colt Bloodgood, of Baltimore, the continent's most eminent authority on cancer, in an interview with the Toronto Telegram stated that the

Ontario Cancer Commission's report on the use of radium and X-Ray was without parallel in the world.

"You have put it all over the United States," Dr. Bloodgood declared. "It is the best presentation on cancer ever put together in one cover. It is the consensus of opinion of the authorities of the civilized world on the use of radium and X-Ray and I find it indispensable."

* * *

TORONTO.—Reconsideration by the Board of Control of the civic grant of \$183,000 to the Women's College Hospital, was promised by Mayor Stewart, when a deputation headed by Mrs. A. M. Huestis, appeared before the Board of Control to stress the hospital's need.

Mrs. Huestis contended that civic estimates for this year, approved by the board, had included \$200,000 for the hospital. Controller McBride supported Mrs. Huestis, claiming that the matter was an obligation entered into by the city a few years ago which should be fulfilled.

* * *

TORONTO.—Following recommendations of the Ontario cancer commission, construction is now under way of a radium emanation plant in the physics building of the University of Toronto. The emanations, or needles, will be produced from a quantity of radium salts, purified by a series of mercury pumps and vessels, and stored in glass or gold tubes. These tubes will be preserved in lead containers to prevent penetration by the element.

It is expected the plant will contain 500 milligrams of radium, and from this quantity the needles will be obtained. It is learned that the plant may be completed by Christmas.

* * *

TORONTO.—Surgical treatment of broken bones is aided by a study of bone grafts, conducted by Dr. W. S. Keith, junior surgeon of the Hospital for Sick Children. The work has been recognized by the Senate of the University of Toronto with the award of the George Armstrong Peters Prize, recognition highly regarded in medical circles.

Regulations governing the prize state that it may be "awarded biennially to a graduate of the University of Toronto of not more than ten years' standing, who, in the opinion of the Committee on Fellowships and Scholarships, has made a sufficiently important contribution to surgical science." Dr. F. G. Banting is among past recipients at the honor, receiving the prize in 1922.

* * *

VANCOUVER, B.C.—The resignation of Dr. W. B. Burnett as head of the department of gynaecology and obstetrics of General Hospital was accepted by the board of directors.

Dr. Burnett was appointed to the attending staff of the hospital, and the board ordered a letter of appreciation sent to him for his services in his former post.

* * *

VANCOUVER, B.C.—Initial steps in connection with the construction of the new Crippled Children's Hospital were taken on when a contract was awarded for clearing the

3½-acre site between Columbia and Manitoba Streets and Fifty-ninth and Sixtieth Avenues.

Plans for the structure as being prepared by W. F. Gardiner, and will be finished soon. Construction will be started when the clearing is completed.

* * *

WETASKIWIN, ALTA.—The modern new community hospital just completed was formally opened in November by Premier Brownlee.

* * *

WILLIAMSBURG, ONT.—Made necessary through the increased number of men and women visiting Williamsburg for treatment by the famous Dr. W. J. Locke, Williamsburg's new 75-room hotel has been opened.

The hostelry, named "Lockton Lodge," is an attractive building of log-cabin style and ideally situated, and will be used as a clinic by Dr. Locke during inclement weather.

* * *

WOODSTOCK, ONT.—William C. Waller, of the Ontario Hospital staff at Cobourg, is the new steward of the provincial institution here, succeeding the late G. E. Stewart. His transfer had been arranged previous to the accidental death of the late bursar, who was to have gone to Mimico.

Mr. Waller has been 22 years in the hospital service in various capacities, at Hamilton, Brockville, Mimico, Penetanguishene and Cobourg. He was appointed steward at the Penetang hospital 12 years ago, and has been at Cobourg for the past three or four years.

* * *

WOODSTOCK, ONT.—George Edgar Stewart, bursar at the Ontario Hospital, was instantly killed on October 18th, when he was hit by a westbound C.P.R. express at the crossing on No. 19 highway.

Mr. Stewart, who was 38 years of age, had been a resident of Woodstock since November, 1928, when he assumed his position as bursar at the hospital. He had been in the Ontario civil service since December, 1925, most of his service previous to coming to Woodstock having been at the parliament buildings in Toronto.

Feeding the Patient in the Modern Manner

(Continued from page 23)

dishes returned half eaten or untouched and can govern her menus accordingly. There is a decided gain in accuracy and quality of service. The dietitian inspects each tray as it leaves the kitchen to make sure that it carries the diets called for. The work is done by maids and attendants under her control instead of in part by nurses on the floors who are not responsible to the Dietary Department.

As with all new things, Central Service has not met with unanimous approval. Many hospital superintendents are opposed to it. It is admittedly more exacting in the work and training required on the part of the dietitian. It cannot succeed without leadership and the directing brain of an able executive. But in scores of hospitals in all parts of the country, day after day better meals are being served — smoothly — rapidly — demonstrating its success.

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Sixth Annual Convention of Ontario Society of Occupational Therapy

THE Canadian Association of Occupational Therapy held its annual convention with the Ontario Society of Occupational Therapy in the Royal York Hotel, Toronto, on October 28th and 29th. This was the sixth Annual Convention of the latter organization. It was decided in future to hold the meeting of the Ontario Society in conjunction with the meeting of the Ontario Hospital Association.

The Convention was well attended and consisted of a very interesting and varied programme. Doctor Alexander Primrose, President, Toronto Association of Occupational Therapy, gave the address of welcome, followed by papers from Doctor B. T. McGhie, Director Hospital Services, Province of Ontario, on "Occupational Therapy in a Mental Hospital Service; Miss Jeanne De Crevecoeur, President, Quebec Association, on "Progress and Ideals in the Province of Quebec;" Doctor Ruth Franks, Psychiatric Hospital, Toronto, on "Occupational Therapy in the Mental Hospitals of Europe;" Doctor Almon Fletcher, of Toronto, on "Value of Occupational Therapy in Arthritis," and Miss E. Cover, St. Catharines General Hospital, on "Work in the Smaller Cities."

Many delegates and friends turned out to meet Miss Marjorie Greene, of Boston, in whose honour a tea was given following the afternoon session. That evening the Annual Dinner of the organization took place in the Royal York with Rev. Canon Cody, President of the University of Toronto, Miss Marjorie Greene of Boston, and Colonel Biggar, Commissioner of the Canadian Red Cross, as guest speakers.

On Saturday the Convention opened with a Round Table Conference at the Workshop, 331 Bloor Street West, under the chairmanship of Miss Florence Wright, during which many of the problems of the present time were discussed.

The exhibits in connection with the Convention were arranged by Miss E. McNeill, and represented wood carving, basketry, embroidery, painting, weaving, carpentry, and many new and original types of craft work.

**Lay Corner Stone of Montreal
Convalescent Building**

The corner stone of the Lindsay Memorial Building of the Montreal Convalescent Home was laid by C. W. Lindsay, its moving spirit and benefactor, on November 3rd. The Kiwanis Club, whose efforts also contributed largely to the erection of the new building, assisted in the ceremony.

The new Convalescent Home, which will have a capacity of 103 beds, will fill a long-felt need in the city. Its situation, in nine acres of land, in the north end of the city is ideal for its purpose, with its pure air, large grounds and gardens. Within, every facility for keeping the convalescent patients happy and occupied will also be provided. There will be a gymnasium where they can exercise under expert supervision, workshops and varied types of occupational therapy.

The new Lindsay Memorial Building is a self-contained

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unit, five storeys high, with kitchen, dining room and boiler rooms in an extension behind the main building. It is expected that as the need arises, other units will be erected close by. The present unit will be completed about the middle of May and will probably be opened about the beginning of June. Mr. Lindsay contributed \$50,000 toward it, the Kiwanis Club raised \$50,000, the Provincial Government gave \$100,000 and the City of Montreal paid \$22,000 toward the land. The building is situated north of Van Horne Avenue, on Kent Avenue—which has not been opened yet—and between Hudson and Darlington Avenues. A new street has been cut through to its front door and named Lindsay Avenue.

Montreal Graduate Nurses May Be Employed by Hour

In an endeavour to meet the situation of unemployed graduate nurses and sick people who cannot afford to pay for nursing care, the Graduate Nurses' Association of Montreal has announced that its members may be employed by the hour and at reduced rates.

The official statement of the president, Miss Agnes Jamieson, R.N., says:

"The profession is vitally interested to-day in the difficult high cost of sickness and recognizes the responsibility for the care of the sick and that it should render service according to need, covering both home and hospital, and with this special service offered to the homes where 85 per cent of the sick are housed, it feels that the entire health services of the community could be looked after.

"Every good concern has publicity. Nurses must sell their goods to the public who do not know about them and who need them.

"Statistics show in Canada that 88 per cent of the public want hourly nursing, 80 per cent of hospital superintendents, 80 per cent of the medical profession, and 84 per cent of private duty nurses, therefore why is it not given a fair trial?

"Good or bad nursing is reflected in the mortality statistics of countries where scientific medicine exists, but where modern nursing is unknown."

Besides making skilled nursing care available at a cost that most people can afford, the new system provides for those in small houses or apartments who cannot afford a resident nurse.

Air Purifying in Hospitals

Practically every hospital has to contend with certain noxious odours which are associated with many types of cases. These conditions are obnoxious not only to the patient, but also to visitors and other patients. We are informed that Zef-ir Air Purifying Blocs, which are manufactured from highly concentrated chemicals and disinfectants, will completely and pleasingly correct these conditions. Many of the largest hospitals in Canada are already using this service with, we understand, excellent results.

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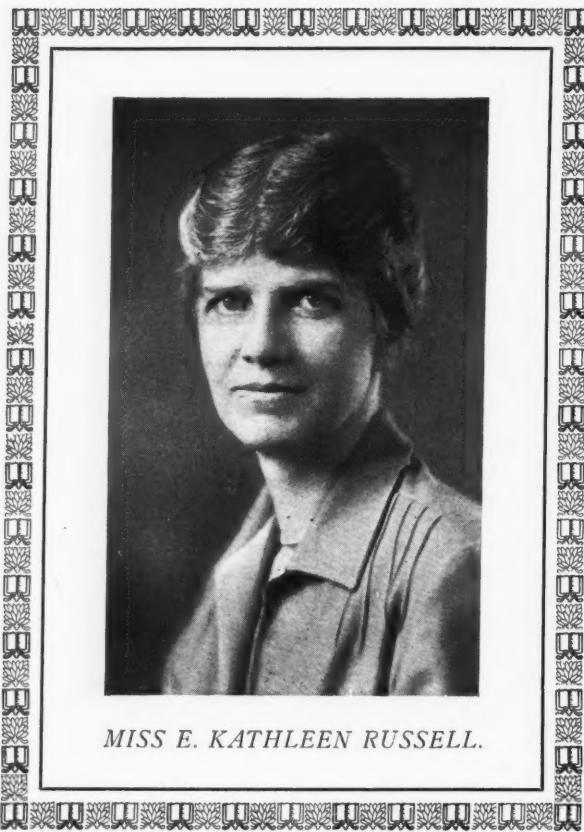
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University of Toronto Establishes New Nursing Course

A School of Nursing in which both undergraduate and graduate studies will be offered, is being established in the University of Toronto.

This is made possible through a substantial grant from the Rockefeller Foundation, to be made yearly for five years. The new school, which will be housed in the building at No. 7 Queen's Park, will be under the direction of Miss E. Kathleen Russell.

It will provide for co-ordination of all courses in nursing given by or in connection with the university hitherto, and furthermore, it is intended to study the most pressing problems of the nursing profession. It is possible also that a general practitioner's course may be arranged, which will fit the nurse for general duty either in public health nursing or in hospital work.

The department of public health nursing of the university will be discontinued and included in the new school. At the present time a one-year course is offered for graduates in public health nursing, and a four-year course, the first year of which is spent in the university, with the second and third years at the General Hospital, and the fourth year again in the university.

The new school will also absorb the one-year course in training and administration for nurses that is now given in co-operation with the department of university exten-

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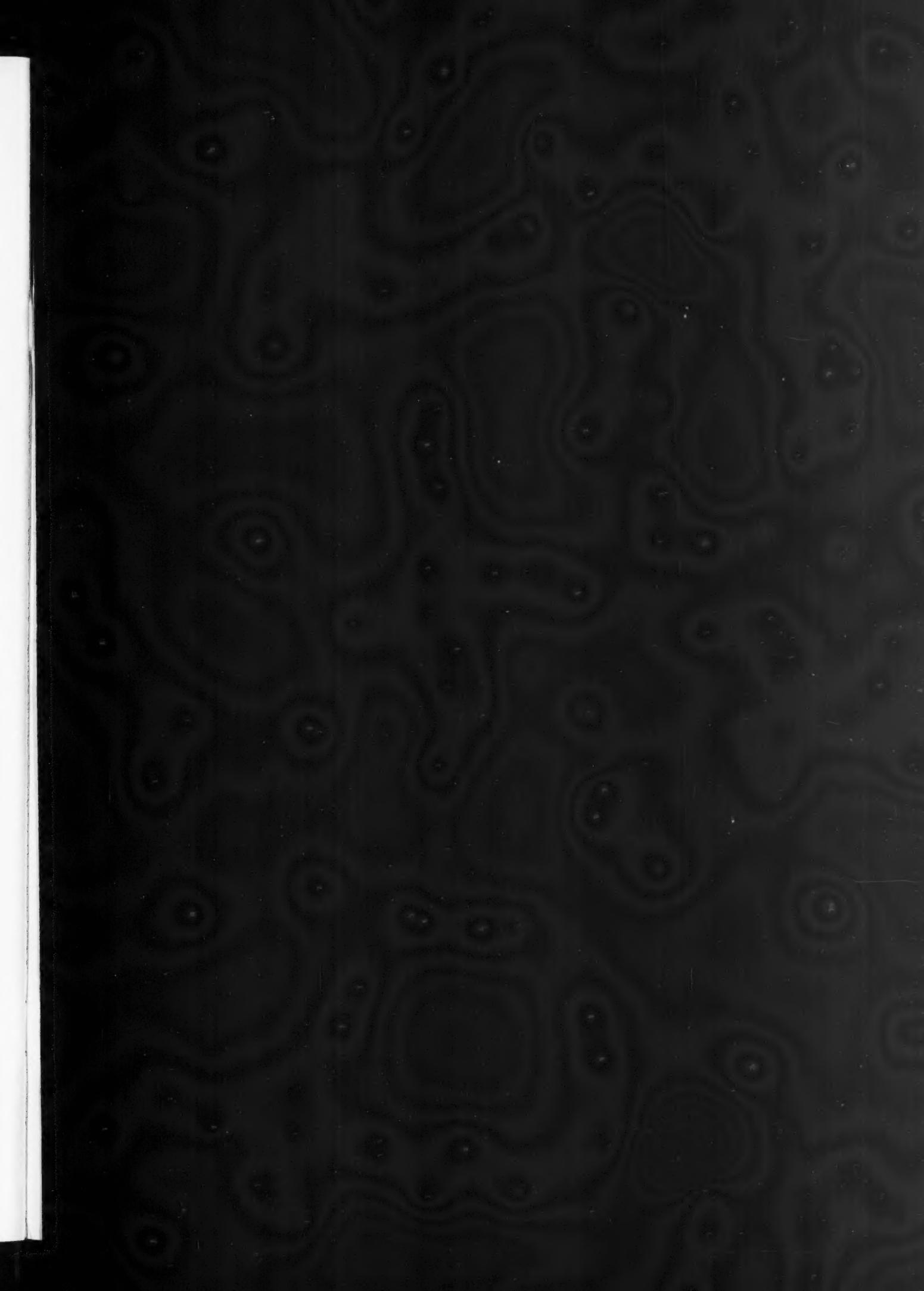
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sion. Pupil nurses from the Toronto hospitals will take lectures there, and more advanced students from these institutions will in future take the psychology work there.

Plans are being made to have the building ready for occupation at the end of January or during the first week in February.

"One special responsibility that has been undertaken is to provide a direct and straight-forward training for public health nursing," said Miss Russell.

"The new school is arranging for close affiliation with the nursing schools of several of the Toronto hospitals so that its pupils may have the fullest opportunity for training in bedside nursing. Other affiliations with local and provincial public health organizations will give opportunity for training in direct work.





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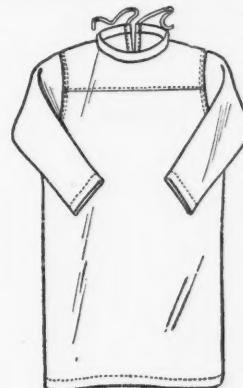
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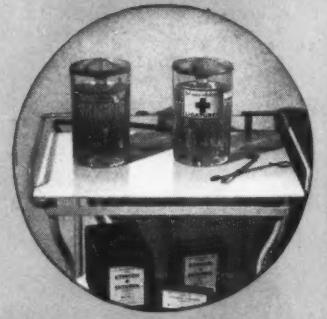
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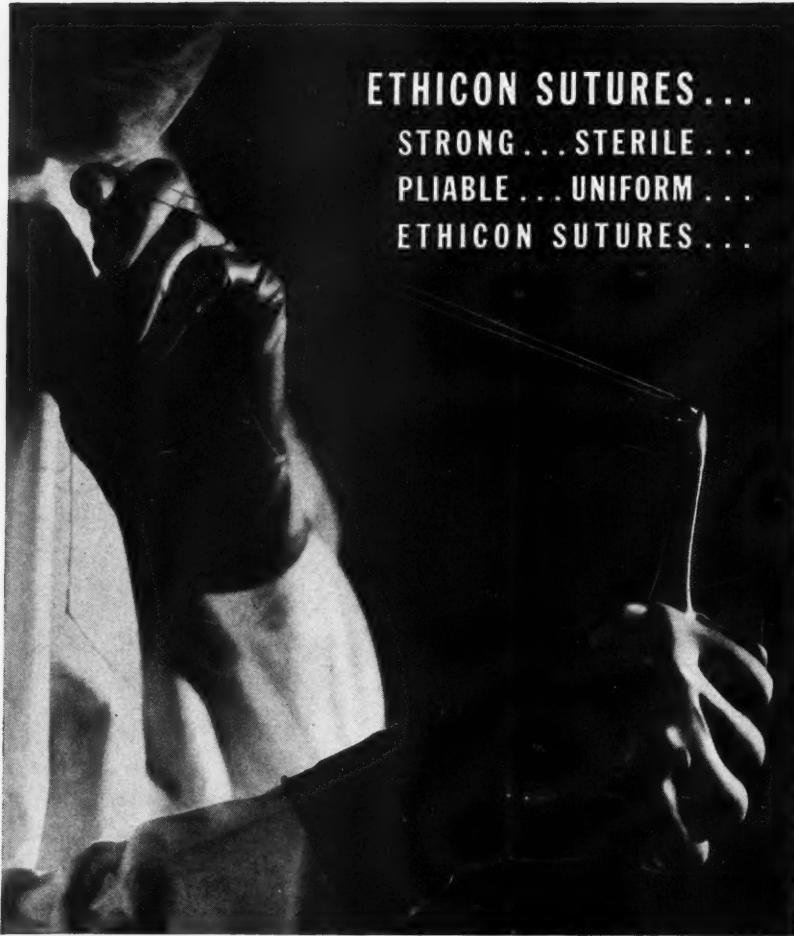
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